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Christmas Greetings

To all Canadian Nurses everywhere,

The Journal wishes a serene and joyful

Christmas-tide . . . May the flame of

our Christmas candles light the

way to a brighter

and happier

New Year

The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

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THE CANADIAN SCENE

During the year which is now drawing to a close the editor of this *Journal* was given the privilege of visiting every Province in the Dominion, with the exception of Prince Edward Island. This undertaking was made possible by the generosity of the provincial nursing associations which met, jointly, the travelling expenses involved. It would be a poor heart indeed which did not respond to such a magnificent opportunity. It would be a dull imagination which failed to be stirred by such a journey, from sea to sea, and from north to south across Canada.

And here let it be said, lest it be forgotten, that Canada still stands. In spite of adversity, in spite of drought, in spite of political and economic unrest, Canada remains. Her maples flame in the autumn woods. Her snowy hills of God are as pure and stainless as ever. Her prairies still whiten to their harvest. The waves of two great oceans break upon her coasts. Moreover, Canadians are worthy of their common heritage. There is in them the spirit of their land — young, vigorous, daring, unconquerable. That national spirit is ours. We are Canadian nurses.

Though the primary aim of this tour was to promote the interests of the *Journal*, no opportunity was lost of observing the contemporary nursing scene. All over Canada the editor met and talked with groups of nurses brought together under the auspices of provincial and local associations. There were many opportunities for conferences with nursing leaders and it was also possible to get at the thinking of many individual nurses by means of informal contacts at social gatherings. Since the function of this *Journal* is not confined to the assembling of facts and the reflection of opinion, but extends to integration and interpretation, it is the manifest duty of the observer, who had the good fortune to study national conditions at first hand, to make some comment concerning them. No attempt will be made here to report upon the specific work that is being undertaken and the progress that is being made in the various provinces. Official channels exist through which such information is made available from time to time. All that will be done in this and succeeding articles is to indicate the general trend of nursing thought and action in 1933—a year which has admittedly been a very difficult one.

At the outset it should be made clear that, on the whole, nursing morale is still good. That does not mean that there has not been considerable suffering and deprivation. It does mean that nurses have not lost faith in themselves or in their organizations. They are standing firm. They are realizing more keenly every day the need for solidarity in the nursing ranks. Artificial distinctions between nursing groups are much less apparent. Hospital nurses, public health nurses, private duty nurses, are beginning to seek and to find common ground, and to make common cause. There may yet spring from the bitter root of the depression a new flowering of professional unity.

Another healthy sign is that nurses are beginning to see the necessity of closer contact with the community which they serve. Tentative and somewhat groping attempts are being made in some parts of the country to inform the public concerning nurses and nursing. There are still many barriers to be surmounted, but at least we are no longer trying to live all by ourselves in a vacuum. We are beginning to see nursing in its real setting as a public utility. Only beginning, of course, but even to begin to see brings us nearer to clear vision.

In such a vast country as Canada it is to be expected that there will be a divergence of opinion. Even within the confines of each Province there are marked differences in economic conditions, in political thinking, and in language and creed. But despite all these opposing points of view there is, in the minds of nurses, substantial agreement upon some important points and it is upon these that stress will be laid since such agreement indicates the general trend of nursing thought.

Broadly speaking, the subjects upon which nurses think alike may be assembled under two headings: economic and educational. Arbitrary separation of these two aspects of the nursing problem is however difficult, since the education of nurses is, under the present system, so involved with hospital finance as to be almost inseparable from it. Nevertheless in these articles the approach will be made from two angles: first, economic and second, educational.

It is natural that at a time of economic crisis that the primary interest of the members of any professional group should be centered in this difficult business of finding a job and making a living. There is nothing sordid or mercenary about this pre-occupation. It is human and right. It would be strange if it were otherwise. Nor are nurses who are now employed necessarily exempt, since many of them must share their reduced incomes with members of their families who have long been without work. They, too, carry a share of the load.

It is, however, upon the private duty nurses that the burden rests most heavily. It is agreed by nursing groups and by individual nurses alike that it is in their ranks that economic maladjustment is most profoundly felt and gives rise to the greatest suffering. On the one hand the community suffers from lack of nursing care, especially in the home. On the other hand there is tragic unemployment and nurses are being forced either to seek a living in other occupations, many of them already overcrowded, or to return to their homes.

It may be urged that there is nothing new in this state of affairs which was shown by the *Survey* to have existed even in so-called prosperous years. It is not claimed that the maladjustment is new or that it is the result of the depression and therefore possibly temporary in character. That which *is* new is the attitude nurses are beginning to take toward it. *They are slowly, very slowly, ceasing to look back.* They are ceasing to expect that good times are just around the corner. They are beginning to admit the necessity for such constructive thinking as is certain to be required in a time of social and economic change. Such an attitude is new.

Another new thing is that private duty nurses both feel and admit the necessity of sharing their burden with the other nursing groups and that these groups, in turn, are beginning to accept this responsibility. This attitude may in part be due to the fact that the reduction of hospital and public health staffs has forced nurses, thus displaced, into the private duty field and has further complicated a difficult situation. In any event the net result has been good since it has led to a better understanding between nurses themselves.

It cannot yet be claimed that there is much evidence of the formulation of policies looking toward betterment. Numerous experiments have been tried, none of them with any conspicuous degree of success. Nevertheless the mere fact that some attempt is being made to break loose from the rigid standard fee system is in itself encouraging and will clear the way for the working out of new plans later on.

In the February issue of the *Journal* reference will be made to some modifications of private duty nursing service which have actually been tried out in Canada and elsewhere, and also to the recommendations of the Committee on Costs of Medical Care as well as those of the Canadian *Survey*.

(*To be continued*)

A FINE ACHIEVEMENT

Extracts from the Report for 1933 of the Board of Governors of the Victorian Order of Nurses.

Victorian Order local associations throughout Canada are to be congratulated on what has been accomplished this past year. As their responsibilities have increased so has their determination to meet them been demonstrated.

There has been increase of work. In the neighbourhood of 752,000 visits have been paid to almost 80,000 patients. Fourteen thousand six hundred and fifty-one obstetrical cases were attended, — a decrease from last year, but it is interesting to note that the number of prospective mothers requesting complete nursing care, including attendance at delivery, has notably increased. There has been growth as regards medical and surgical work. For the first time, a sufficient number of well-qualified public health nurses has been availible, owing to the return of a number of Canadians who have been living in the United States and the lack of extension of public health work owing to present conditions in our own country.

In looking ahead, one can see that the visiting nursing associations may have to be ready to face much greater development and possibly to assume a vastly different position in the community. It may mean some further sacrifice on the part of workers, voluntary and executive, or it might be as *Public Health Nursing* suggests, that: "Organizations may have to 'get ahead of themselves' and see—just once—an adequate staff to meet all present demands". Then these related lines might well be developed. But in nearly all public health nursing agencies it is a struggle to keep up present services and answer the daily calls for home visits. Only a few dare dream of the day when, with capital set aside for the purpose, they can develop the dozens of opportunities waiting at their doors.

PARENT EDUCATION

ALICE THOMSON, Associate Supervisor, Maternal and Child Welfare Division of Public Health Nursing, Toronto.

Parent education? What is it? Why do people have to be educated to be parents? Isn't that one of the jobs that everybody can take on without any training? Of course, we must train people to be stenographers, milliners, nurses, teachers, doctors—but parents—anybody can qualify for that job!

Until a few years ago, this was the generally accepted idea. Then some doctors and nurses began to say that parents needed some training for certain aspects of their job. It was found, for example, that mothers did not know instinctively how often their babies should be fed or, if they were unable to nurse them, what were the best foods to give. In the physical care of children, then, parent education was needed, and infant welfare became an accepted part of the public health movement. Nurses began to visit mothers to advise them about bathing, clothing, fresh air; in other words, the principles of infant hygiene. Education of parents for the physical care of their children came to be a recognized need.

It has always been an accepted fact, however, that a parent has not discharged his whole duty to his child when he has fed and clothed him. There are even more important consideration than the actual physical well-being of the child. He must be trained, brought up, disciplined, made to obey, taught to be truthful, unselfish, kind, deferential to his elders—in fact to have all the virtues that his parents and the circle in which he moves expect of children. What of this aspect of the job of parenthood? Is there anything to learn about it or do parents know it instinctively as it was once thought they knew how to give physical care? It is still believed by many people that parents do know this instinctively. There are, they say, a few maxims which may be used as a guide, but in the main, it is not a matter to be handled by knowledge or technique or any particular kind of judgment and is just a matter of common sense.

This is the question then which we must put to ourselves. Is child training a subject about which parents can learn something which will be a guide to them in caring for their children, or is it so intangible that no principles can be laid down except a few maxims which often contradict each other—a subject to which the parent need not give any thought, but in which he can be guided by his own judgment and common sense?

To answer that question one must ask another. Why do some children turn out well while others do not? Why does Johnny Jones keep bad company, steal and finally find himself in a reformatory while Billy Smith is honest, straightforward and steady? Obviously, it cannot all be blamed on heredity for, while some characteristics may be inherited, stealing and a choice of unsuitable friends can not. What then? You say, "Probably Johnny's father steals and Johnny learned to do it from him"—and you may be right. Children learn many of their bad habits and many good ones just by copying their parents. They are great imitators.

Is there any principle that could be suggested to parents if one were doing parent education? Is it not just common sense that, if we want our children to be truthful, orderly, and kindly, that we must be truthful and orderly and kindly ourselves? Yes, it is, and it is one of the first principles to be learned by a parent — yet one hears a mother say, "Don't go down there! There is a bogey man", or "If you cry the nurse will take you away with her", and later, one hears her complain in a most pained tone that "Johnny lied to avoid a whipping."

Why does Mary Brown eat her vegetables and milk pudding every day while Sally White will have nothing but potatoes and bread and jam? Is it always because Mary and Sally are copying their parents, or is there some principle of child management other than example? There must be another principle because in Sally's case her family do eat a variety of foods, yet Sally is adamant. What is this other principle? Should we go back to the maxim about sparing the rod—and should Sally be spanked during every meal when she refuses her carrots or junket? Many parents have tried this method a few times and have found that it worked once or twice, but that after that all sorts of difficulties arose. The child began to hate to come to meals, cried when they were mentioned, and even refused foods which she had previously accepted. What then is the answer? Should the mother try coaxing? Many parents have tried this too, and have found that the child very soon learned that refusing food was a fine way of getting attention —so he refused it and had a lovely time being coaxed and cajoled, having special dishes prepared, and so on. What then? Probably before the mother tries any more devices it might be well to pause and to ask "Why does my child refuse these foods?

This is the first step in parent education — that parents learn something of why children behave in certain ways—and learning why is not always easy. It involves a study of how children learn, how they form habits and what the fundamental urges are that drive them to action. Such study can seldom be made in a few days or even weeks, but requires thought, reading and conference over a fairly long period. When a parent has mastered the "why" of child conduct, she is in a fair way to learning how to have her child develop into the kind of individual she wants him to be. When she has learned "why", she knows that there are no pat phrases or formulae that will automatically solve her problems with her child, but that there are certain principles which when applied to the individual problem are helpful in solving it.

At this point a question is probably arising in the mind of every nurse who is reading this paper— "What has that to do with me? I'm not a parent—may never be— why should I be interested in this business of parent education"? The nurse has very decidedly accepted a place in the field of education of parents for physical care of children. Has she a place in the field of education of parents for the mental and emotional development of their children?

To answer that, we must again look at the child for a moment. Can he be divided into compartments which can be cared for separately, or does not the parent have to care for the whole child? Is it possible to separate his emotional development from his physical development? Are not the two inextricably bound together? If the child has a temper tantrum every time a glass of milk is put before him, can the mother guard his physical development without first solving the emotional difficulty? Since, then, the nurse has accepted responsibility in the field of physical care of children, does she not automatically become responsible in field of mental hygiene and child guidance?

Can any one of us be satisfied to say to a parent "Feed your child thus and so" and walk away from her quickly before she has time to reply, "But nurse, he won't eat thus and so!"? Have we done our duty when we say "Your child needs twelve hours' sleep every night with the windows open" if we do not know what to reply when the mother says, "But nurse, I put him to bed at seven o'clock and he stands up in his cot and yells till nine"? If, as we believe, every nurse should be a health teacher, can she teach anything that is of lasting value to her patients about the care of their children if she has no knowledge of why children behave in certain ways nor of the importance for both physical and mental health, of a proper relationship between parent and child?

Granted then that the nurse must be prepared to deal with mental hygiene as well as physical hygiene, how may she prepare herself for this aspect of her job? Since all nurses are potentially educators, it would seem that all nurses should receive some preparation for this in their training. Since the public health nurse is primarily an educator, and to a large extent an educator of parents, it is obvious that preparation for her job is incomplete unless it includes at least some knowledge of the fundamental principles of mental hygiene and child guidance.

For the nurse who is already active in the field as an institutional nurse, a private duty nurse, or a public health nurse, there are evening courses in most universities, and there are also helpful books. Some nurses may wish to fit themselves to discuss this material with groups of parents as well as with individuals. This probably applies particularly to public health nurses who, as part of their child welfare programme, are anxious to do group teaching in child health centres. For this, special courses are given, in order that the technique of group leadership may be learned as well as the actual material to be taught.

To sum up—there is certain definite material which can be given to parents which will be of help to them in training their children. The nurse in whatever field she may be working, but especially in the public health field, has opportunities to give this material to parents and should therefore be prepared to give it—and most universities have courses which can be taken in either full or part-time, which will prepare nurses to do this.

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LONDON - CANAD

RHEUMATISM, CHOREA AND HEART DISEASE

A. P. HART, M.D., Toronto.

Rheumatism is a general infection usually contracted in childhood; two-thirds of the cases occur between five and fifteen years of age. Although there is no general agreement as to what the organism is, the more recent work points to its being a form of streptococcus and one which is, in its characteristics, rather akin to the streptococcus salivarius and streptococcus faecalis which are normal inhabitants of the mouth and bowel. This would suggest that the soil is more important than the seed, and that defects of inheritance and environment render certain individuals more susceptible to the ravages of this infection. It is, broadly speaking, a disease of those who have to attend out-patient clinics. Damp, cold houses, and poor hygienic surroundings are certainly large factors in its causation.

One-third of the cases are initiated by an acute attack of tonsillitis, and it is almost certain that the organism gains entry through this portal in quite a large proportion of the other cases, without stirring up enough reaction at the local site to give rise to symptoms.

It would be much better were it generally understood that tonsillitis, growing pains, lumbago, stiff neck, chorea, inflammatory rheumatism, erythema and rheumatic nodules are likely to be manifestations of the activity of this germ and, for that reason, should be considered seriously. The observation of the earliest signs of this disease in children is important because by the recognition of these we can do most good in the way of prevention. Among these are loss of appetite, loss of weight, tiredness, and increasing pallor. Often these children have a sallow tint and general unhealthy appearance, with a flushed cheek which frequently tends to have a mauve tint on coming into a hot room.

Here, then, you have a child pale, toxic, tired, off food, running a little temperature and losing weight. You will immediately be struck by the similarity to the tuberculosis child, and indeed, so far as symptoms go, they are practically alike. From the point of view of their ultimate importance all these signs and symptoms are negligible in themselves. Their real significance is as indicators warning us of a possible carditis or heart infection. All such children are potential heart cases.

Chorea

Before proceeding with the treatment, this would probably be the most opportune time to say a few words about chorea. We believe it to be due to the same cause as rheumatism, because it is the only other disease accompanied by this heart complication, and is frequently followed by acute rheumatism or follows acute rheumatism, or is present at the same time. It occurs in the highly-strung neurotic type of child who tends to head the class. The first signs are a change of disposition—irritable, quarrelsome, peevish. At school the child is inattentive and cannot concentrate. The handwriting becomes bad, and there is marked emotional instability. These children have been well named the April showers children. They are alternately sunshine and shadow, and can laugh and cry at the same time.

Care of Rheumatic Carditis

We must deal briefly with the

An address delivered before the Ontario Educational Association, Toronto, 1933.

cases in which we have been unfortunate in not seeing them until the heart is already affected. This will be manifested by increasing pulse rate, more or less elevation of temperature, probably a murmur and possibly some dilatation of the heart.

Rheumatism in the heart is brought in by the coronary circulation—not by blood passing through the cavities. In the child, and for a varying period into adult life, there is a blood supply which can be demonstrated right into the cusps of the various valves. When rheumatism has affected the heart these vessels persist in the valves for a much longer period than in healthy hearts. This may help to explain why, in some cases, once having had an infection, it tends to recur in spite of all that we can do.

If it be the first attack of rheumatic carditis in which we see the child, and it is not one of those years in which the infection is particularly virulent, rest in bed until the pulse and temperature are normal and for at least six weeks after this, then removal of the foci, and building up, the patient will do well and probably will not have the heart so severely damaged that he will not be able to carry on a more or less normal existence.

If it is a re-infection, it is apt to be worse, and we are more apt to have a pericarditis. Here, absolute rest, which should be assured by adequate doses of some kind of opium, is essential. An ice bag over the praecordium may relieve pain. In all these cases one must treat the secondary anemia because there is no infection that is so rapidly accompanied by a secondary anemia. When they are convalescent, gradually work up their exercise tolerance, but do not overstep it. This will be evidenced by shortness of breath, fatigue, pain or palpitation.

Prevention of Cardiac Damage

Build the child up in every way by extra rest, good food and fresh air. Have foci removed. As you will have gathered, we feel that one of the most important of these is the tonsils. What are the signs of tonsils which are liable to give trouble? In the first place I would stress that it is usually not the large tonsil. It is frequently a moderate or small-sized tonsil, with the anterior pillars deeply injected, probably slight enlargement of the tonsillar lymphatic gland and often with deep crypts showing on the surface of the tonsil. If the heart has already been affected, it is most important to choose wisely the time when these tonsils should be removed. They should not be removed while there is still any sign of activity of the infection. One must wait until the temperature has settled down to normal and is without wide diurnal swings, and the pulse rate is normal. Similarly, in chorea, one should choose wisely when the child is as quiescent as possible, otherwise there is grave danger of lighting up the chorea and making the child worse than ever.

One does not need to emphasize the importance of trying to get these cases early, while they are still potential cases, and before actual cardiac damage has been done. By having all foci removed, and building the child up to the highest point possible we can do so much in the way of prevention of acquired heart disease. Surely this is the ideal. At least ninety per cent of acquired heart disease in chilren is due to rheumatism or to this germ.

Psychological Aspects

There is another aspect often overlooked. One must revive, nourish and protect the spiritual heart of these children. There is an especial danger that the spirit will be depressed when the body is diseased. These children may become discouraged, lose heart and all interest in the joy of living.

From time immemorial, great leaders—heroes and figures in history—have developed in spite of crippled bodies. They must have an ideal. Religion probably is one of the best aids in fostering it. But man's real religion may be other than the accepted idea of such things.

How does this apply? The secret lies in the home—the bulwark of the present and the future. We must strive to build up the home again, its morale and its vital place in bringing up the child to be happy. This function must not be delegated to doctors, nurses, teachers or social workers.

One of the present weaknesses of the home is the utter lack of discipline. Children are pampered and spoiled and their whole lives are ruined. Heart disease must not be allowed to break down discipline. By discipline, encouragement and good cheer the child with heart disease may even profit by his handicap; for it is usually the person who has to overcome obstacles who does the best things in life. *The spur of the handicapped heart may make a genius.*

IN HOSPITAL

I have seldom had a chance to brag of my robustness, but I have found that a very fair working substitute for rude health can be conjured up by forgetting all about oneself except for a few elementary precautions. If I get sick, I leave it to the doctor to put me right, and think about something else. I was once withdrawn from school for several months; but the shelf beside me during the weeks in bed was filled with telephone parts and books on electricity, and I never knew till afterwards that I had been seriously ill.

Things were not dissimilar now. I was picked up after a week of fighting for breath, and carried off gasping and wheezing in an automobile. I was barely able to turn my head to look at the broad elevated terraces of sand and gravel which are wrapped around the feet of the northern mountains—those ancient sea-margins which I had never failed to scrutinize keenly on any previous occasion. Then up, up, up the slope to the hospital. I had always felt a shrinking as regards hospitals; but just then I cared for nothing except to get my breath once more.

The medical treatment took such prompt effect that I enjoyed my breakfast next morning, and sent a message soon afterwards for lots of scribbling paper, pencils, and rubber, as my scratch pad was melting away in the course of the conversations with doctor and nurses, which had to be written on account of my deafness. The slug-

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The writer is a well-known Canadian city engineer, who modestly prefers to hide his identity under the single initial: P.—Editor.

gishness of brain had gone and ideas were beginning to flow again, and asking to be written down. The hospital stenographer let me have some sheets of paper to go on with; and the nurse brought me a folding draughtboard, which enabled me to write in the same fashion as R. L. Stevenson is seen doing in a well-known sculpture piece.

I now began an autobiography, but lost interest in it after I had brought it down to my tenth year. I asked if the hospital library held a Tennyson, and sent home for Canon Streeter's book on *Reality,* which I had bought three years before, but had never read. I now felt in the mood for it. I had been engaged on some rather irksome compiling work during the week of breathlessness; but I preferred anything else to that job now, so long as it was not the reading of fiction. A bit of a complication took the edge off my keenness for Streeter's book for twenty-four hours; but after that I was ready even for philosophy, and I followed the argument with reasonable success.

The kindness of one of the nurses had, in the meantime, secured for me the loan of a Tennyson, which, however, had one drawback. It was such a fine copy that I was in constant fear of a splash of water. Still, I managed to re-read the poems which I liked best, and to enjoy them in tranquillity. I found once more what I regard as the most imaginative line in Tennyson: *All in the blue autumnal weather.* I cannot expect many to agree with me as regards that line; but I never read it without a fresh vision of the road to Camelot and the country overlooked by Glastonbury Tor, drenched in the light of afternoon.

There was another book which I read in hospital—*Peter Pan in Kensington Gardens*, by J. M. Barrie. I had walked through those gardens morning and evening for three months many years before but it had not been given to my prosaic eyes to recognize any of the fairy rings. I had disliked the gravel walks and the trim grass lawns for their very contrast to the natural wildness of the country lanes which I had left behind me. I was quite able to recognize the features of the gardens described by Barrie under fancy titles. But that did not prevent me from feeling that one reading of the book was enough.

A friend called on me, and asked for advice regarding mosquitoes, which I embodied in a staid memorandum. By this time a quantity of paper had reached me, with a surface rough enough to make the pencil bite easily. I wrote some long letters, besides two essays, one on *Luxuries of the simple life,* and the other on *What I know about popping the question.* I also began to re-write a manuscript which I had brought to Canada twenty-seven years ago, but which the rats had destroyed.

A deaf man cannot expect to be allowed much intercourse with his fellow-patients. But I made an interesting discovery. My nearest neighbour had one of those remarkable memories for figures which I, who can never add up beyond sixty without my memory slipping a cog, can only admire and envy. Nature seems to give each of us at least one special endowment, which corresponds, I suppose, to the talent in the parable. The lucky man is he whose circumstances enable him to utilize his special gift in his daily occupation. My neighbour was one of those lucky persons. I had been endowed with the gift of forgetting faces and figures with exceptional promptness; but, throughout a fairly long and mentally adventurous life, I had never succeeded in making my gift of quick forgetting contribute to the piling up of a fortune, though it had once or twice contributed to my comfort. Not that the slowness in the growth of my money-tree had ever disturbed my digestion.

It was delicious to be coddled and relieved of all responsibility for one's doings for a whole fortnight; but I could not help growing a little uneasy, in spite of the care and gracious attention which I was hourly receiving. For one thing, I had seen my face in the glass. Although personal neatness was never a foible of mine—in fact very much the reverse—the sight of that fortnight's growth of beard stuck in my memory, and persistently recalled the story of the man who was asked to lend his face to fight a dog with. My old Rodgers razor, several miles away, began to look exceedingly desirable.

There was another matter, which was even more serious. The mail had not been idle. I had received a fat package of picture post cards and pamphlets from the South Kensington Museum in London. Two good-sized pamphlets giving details of the history and geology of the Yellowstone Park had come, together with the July number of the National Geographic. I had actually read the article on *The Eagle and his Kin* in that issue, notwithstanding an utter lack of interest in birds and all other animals. But I had at least managed to preserve my consistency by going to sleep in the middle of it. My manuscripts, however, were piling up and the question was staring me in the face, where was I to put all my stuff? William Morris, poet and artist, once remarked in his emphatic way, "How I do love tidiness!" Yes, so does everybody, I suppose. But tidiness can only be had on one of two conditions—either severe restriction of our possessions or ample room and receptacles enough, coupled with a memory which can be depended on to remind us where we have put things. I have no great faith in the method of severe restriction, for it seems to me that its practitioners are like the five foolish virgins in the parable—always pestering their neighbours for the loan of something to take the place of an item which they have jettisoned. Still, there was no disguising the fact that I had once more reached the condition of overcrowding which had bothered me all my life. It was against every precedent to turn a hospital ward into either a library or a filing room for papers. But my doctor cut the Gordian knot which I could not untie by the simple device of packing me off home.

The drop down to near sea-level began to show results in a few hours; for the flow of ideas slackened appreciably. I began to speculate on what would have happened if I had remained some weeks longer on the hill. I used to find in my climbing days that, however limp I might be at starting, as soon as I had got up 1,500 feet I was ready for the day's work. I wonder if a longer stay in the rarefied air of the hospital would have enabled me to write a poem or a story. I had never attempted them, for nature had endowed me with gumption enough to know that I had not got it in me to do either. Perhaps if I had set my teeth good and hard, I might have produced a free-verse outburst. But the difficulty would have been to reconcile my shred of a conscience to the necessity for calling it poetry!

The Canadian Hospital Council Meets

The second biennial meeting of the Canadian Hospital Council, held recently in Winnipeg, created a real milestone in hospital progress in Canada. The Council is not a hospital association in the usual sense but is made up of representatives of the twelve different hospital associations in Canada, the Department of Hospital Service of the Canadian Medical Association, the Federal Department of Pensions and National Health and the various provincial governments. Its purpose is to co-ordinate the activities of the various hospitals, their associations, and the governmental bodies with which they come in contact. As time goes on it is hoped to establish policies and standards for hospital activities which will develop in Canada a hospital system which will best meet the needs of our people, be most suitable for our particular social and climatic needs and which will give us a hospital system, the finest to be found anywhere.

The three-day session of the Council was unique in that formal papers were eliminated and the entire conference was of an informal round table nature. The agenda was based largely upon material contained in an excellent series of studies which have been in progress during the past two years.

Much of the success of the meeting was due to the excellent manner in which the president, Doctor F. W. Routley, of Toronto, conducted the meetings. The most extensive report was that on construction and equipment presented by Mr. J. H Roy, manager of the Hopital St. Luc, Montreal. Of considerable interest was the report on public relations submitted by the committee under the direction of Rev. R. J. Williams of Boiestown, N.B. Another outstanding report was that of the committee on the problems of small hospitals, the chairman of which was Rev. H. G. Wright of Inverness. The committee on administration and statistics under Doctor G. S. Williams, superintendent of the Children's Hospital, Winnipeg, made a strong plea for the standardization and simplification of accounting in hospitals and for the establishment of uniform standards for estimating patient-day costs. Mr. Leonard Shaw of the Saskatoon City Hospital gave the report of the committee on finance, in which various methods of maintaining revenues were considered, including group hospital insurance and municipal hospital arrangements. Tuberculosis among nurses in training was the thesis chosen by the committee on research. Under the chairmanship of Doctor R. T. Washburn of the University Hospital, Edmonton, and with the assistance of Doctor R. J. Collins of St. John and others, this committee has embarked upon a five years' study of this subject and the report presented at the Council was an interim one of results noted to date. The relationship between the medical profession and the hospital was discussed at a joint session of the Council with the Manitoba Medical Association, the discussion being led by Doctor A. K. Haywood of Vancouver, and Doctor J. D. Adamson of Winnipeg. Of especial interest was a consideration by Doctor Grant Fleming of Montreal of the desirability of closer relationship between hospitals and public health agencies. A particularly delightful interlude was the luncheon address of Doctor D. A. Stewart of the Ninette Sanatorium on *Prairie Pathways and Peoples.* The success of this meeting is proof of the value of closer co-operation between the various groups interested in hospital work and development in Canada.

Congratulations

It will be a source of pleasure to the readers of the *Journal* to learn that Dr. George M. Weir, who so ably directed the *Survey of Nursing Education in Canada,* has been elected as a member of the Legislative Assembly of the Province of British Columbia and will be a member of the Cabinet in the dual capacity of Minister of Education and Provincial Secretary. Nursing could not wish for a better advocate than Dr. Weir.

The Editor's Desk

Noel

Even as these lines are being written, Christmas is in the air. Hoar frost in the mornings, bare branches etched sharply against the winter sunset. Reminders that there are dangerously few days in which one may hope to eke out one's shopping allowance so as to meet impossible demands. Already there are baskets of crimson cranberries in the shops and the smell of mincemeat haunts the kitchen. Before long Santa Claus and his bell will be on every street corner with the cheerful admonition to keep the pot boiling—and then it will be Christmas. The Day itself. To all Canadian nurses, everywhere, *The Canadian Nurse* wishes a serene and joyful Christmastide. May the flame of our Christmas candles light the way to a brighter and happier New Year.

The Canadian Scene

In this issue will be found the first of a series of articles dealing with the contemporary nursing scene. An honest attempt will be made to set down what nurses are thinking and to forecast the possible action which may come as a result of this thinking. The editor would welcome comment and criticism and extends a cordial invitation to all those who are interested to join in what she hopes will develop into a debate.

The Index

This month the *Journal* presents its *Index* for 1933. We are proud of this index for many reasons. The number of reprinted articles is very few. Original contributions from nurses have greatly increased. Student nurses are responsible for several articles of outstanding merit. The departments of nursing education and public health nursing have maintained a high level. And private duty is coming on fast. In fact some of the best articles dealing with the economic crisis in nursing have appeared under that caption. Read *The Crisis in Private Nursing* which appears this month. Nurses are becoming more articulate, both through the written and the spoken word. But we have much to learn before we shall speak with a voice which shall ring clear and true in the ears of those we serve —the public and the medical profession.

Pride Goeth Before a Fall

We were so pleased with the September *Journal* that we gaily sent it off for criticism to a real editor of our acquaintance whose magazine has a circulation of over half a million. Nothing happened for some weeks. Then we got a long letter. It was all about that cherished September number in which we had taken such innocent pride. It appears that there were many things wrong which the editor should have put right. But there was one sentence which pleased us very much: *Your Journal is wholly in character. By that I mean that it is what one would expect in format and make-up of a Journal such as The Canadian Nurse.* So we know that we are on the right path even though we stumble a bit. If, during the coming year, the uniform of *The Canadian Nurse* is neater and more professional, it will be largely due to the kindly critic who found time in his crowded day to point out a more excellent way. Watch for the January issue. No loose ends or superfluous ornament—and lots of trouble for the printer.

The Alberta Annual Meeting

The eighteenth annual convention of the Alberta Association of Registered Nurses was held on Oct. 11 and 12 in Calgary, with the president, Miss F. Munroe, in the chair. Reports from the three sections and various committees were read. Miss E. McPhedran, the representative to the Senate of the University of Alberta and a member of a committee appointed by that body to visit the training schools of the Province, reported progress. Miss A. Lawrie spoke on the curriculum, pointing out the intricacy of this problem in the present age of rapid change. Miss F. Keith contributed a paper on exchange of nurses between large and small hospitals, and Miss K. Brighty presented a report of the International Congress. Miss Johns, editor of *The Canadian Nurse,* was the guest speaker, and chose for her address the topic of "Common Ground." Miss Johns also led a round table discussion on bringing together the people who need nursing service and the nurse who needs work. Chairmen for the three sections were appointed for the ensuing year: *Private Duty*: Miss J. C. Clow, 11138-82nd Ave., Edmonton; *Public Health*: Miss B. A. Emerson, 604 Civic Block, Edmonton; *Education*: Miss J. Connal, General Hospital, Calgary. The formation of regional committees throughout the Province as a means of stimulating interest in *The Canadian Nurse* was approved. On the opening day the delegates were entertained at tea by the Sisters of the Holy Cross Hospital and, after the closing session, at the Calgary General Hospital.

A Refresher Course

A refresher course under the direction of the private duty section of District 1 of the Registered Nurses Association of Ontario, was held in London, on October 19 and 20. A total registration of 67 nurses is reported. Of this number 23 were private duty nurses, 36 were institutional nurses, 6 were public health nurses, and 2 were registrars.

The fee charged was $3.00 for the full course, or $1.50 for one day or 75 cents for a half day. Twenty-three nurses attended full time, of whom fourteen were private duty nurses attending for one day only, thirty-five nurses attending for part of one day. Nineteen nurses came in from Queen Alexandra Sanatorium for Friday afternoon. This refresher course was financed by the nurses who attended, by means of the fees paid.

Afternoon tea was served at the close of the lectures on Friday by representatives from the Alumnae Associations of Victoria Hospital, St. Joseph's Hospital, and the Ontario Hospital. The committee in charge of the course was composed of: Miss Mildred Walker, Chief of Division of Study for Graduate Nurses, Institute of Public Health, first vice-chairman of District 1, R.N.A.O.; Miss Margaret Jones (convener) of London; Miss Florence Conley of London, Miss Annie Campbell of St. Thomas, and Miss Hazel Hastings of St. Thomas.

The programme included the following lectures and demonstrations: "Preventive medicine, serums and vaccines", Dr. A. J. Slack, Dean of Faculty of Public Health, University of Western Ontario, Director of Institute of Public Health; "Superstitions concerning pregnancy and malformations of the newborn", Dr. Madge Macklin, Professor of Embryology, University of Western Ontario; "Psychic aspects of the patient and the nurse", Dr. G. K. Wharton, Instructor in Medicine, University of Western Ontario; "Reporting of communicable diseases", Dr. W. S. Downham, Medical Officer of Health, London; "Basis of a normal diet", Dr. G. K. Wharton; "A few facts regarding diet in disease", Dr. G. K. Wharton; "Demonstration of obstetrical care in the home", Miss Mildred Chambers, supervisor of the Victorian Order of Nurses, London; "Nursing technique of the surgery of the Thorax", Dr. H. Murray Simpson, Instructor in Surgery and Anatomy, University of Western Ontario; "Demonstration of an oxygen tent", Miss Alice Johnston, nursing staff of the Victoria Hospital.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

THE EDUCATIONAL CONTENT OF A WARD

KATHERINE H. SCOTT, Reg. N.; Supervisor, Medical Division, Toronto General Hospital.

Dr. Clarke in an address* given at the Bi-ennial Meeting of Canadian Nurses Association spoke as follows:

"Nursing involves close and peculiar contact with human beings in a condition of peculiar need, and the strenuousness and tension which are involved in its pursuit call for a personality that is peculiarly rich in inner resources and means of preserving balance and sanity. In a word it calls in a preeminent degree for just those refined and human traits that it is the business of liberal education to provide."

What educational opportunities do our wards offer by way of a liberal education? I suppose the obvious answer is that, of course, the patient, the pivot around which all activities in the hospital revolve, comprises the educational content of any ward. That is partly true, but, to follow that line of approach might lead only to thinking about conditions and diseases, with their attendant social and mental adjustments.

Again, we might consider the ward as a temporary home for sick people and the nurse as a hostess in addition to being a skilled worker. This introduces many factors which are of undoubted educational value. These would include development of forethought and patience together with a kindly tolerant attitude of sympathy and understanding, not only to the patients but to their visitors and to the other workers on the ward. Efficiency in various procedures and techniques is very important as is a knowledge of disease and its care and prevention. We include here, also, the function of the nurse as an interpreter and teacher of health to patients and to their families.

But our problem respecting the educational content of a ward brings us to a plan of administration which must provide a setting wherein the aims and ideals of an educational scheme may be developed and fostered. In order to make a ward an educational centre we must provide those conditions which give it educational value and which will satisfy modern conceptions of educational requirements. We must have adequate equipment and teaching facilities; we need teachers who have a plan of teaching based on an understanding of the individual student; we must have students who are thinking students, whose progress we guide as intelligently as we can. Finally we must have a curriculum.

It is not only necessary that a ward be adequately equipped for the care of patients but that it be smooth-running so that it will offer a satisfactory environment for the various types of learning and teaching. The experiences of a nurse on a ward will be educational only in so far as the head nurses and the teaching supervisors provide the means and the atmosphere to make it so. The curriculum will include all experiences, emotional included, to which a student nurse is exposed.

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*See "The Canadian Nurse", August, 1932, p. 411, Dr. F. Clarke, Professor of Education, McGill University, "Life, Profession and School".

Modern education seeks to assemble doing, feeling and thinking in a single unified action. We learn best when we want to know. Then we encounter difficulties. These make us think. Finally, we seek information to help us solve these difficulties. Thus, we know that no greater stimulus to sincere effort on the part of an enquiring student could be provided than that found in nursing a small group of people, for whose comfort and happiness and perhaps recovery she is, in a large measure, responsible. There is no doubt that initiative is often tested under unusually severe circumstances.

It has been said that education does not only involve accumulation of facts, but the ability to use those facts. Those in charge of a ward who seek to help students must provide them with tasks which, in addition to developing skill, will lead to thinking. Ward experience should be so planned that an appeal may be made to the intelligence of the student. A wise head nurse will provide each student with experience in situations that call for resourceful handling. Assignments should also be given which lead the student to seek information for herself. Here, the matter is approached from a vastly different angle from that of the classroom where information of possible future usefulness is given. The classroom periods could be more used in interpreting the principles underlying practice.

We are well aware of the shortcomings and difficulties in planning means whereby effective learning may result and much has been said about what Dr. Weir describes as "The problem that defies solution, the over-crowded daily routine." This is an economic condition wholly outside our control, and yet we must face it. We need more often a vision that reaches beyond the day's work, together with an appreciation of the aims we wish to accomplish. Yet, certainly, the necessary haste of getting work done and the pressure under which the students must work on the average ward removes every possibility of giving to that work its full educational value.

It is becoming increasingly apparent that head nurses should have very special preparation for their multiple responsibilities as administrators, expert nurses, teachers and housekeepers. Practical application of that knowledge must result in a changed viewpoint and a conscious effort to develop but without sufficient help, for them too, true education is impossible.

Sister John Gabriel in her book, *Principles of Teaching,* points out that the four fundamental objectives in a scientific approach to learning are provided in hospital wards. These laws are:

The law of purpose;
The law of satisfaction;
The law of exercise;
The law of association.

We know that, under skilled guidance, a ward offers an ideal setting in which to develop the problem project method of teaching. To make ward experience of value the Committee on Education of the National League of Nursing Education in United States has outlined that it should provide for the attainment of the following six essentials: manual skills; experience; kindness; persistence; leadership; intuition.

Thought must be given to selecting those things which can best be taught at the bedside of the patient. The type of teaching will depend on the opportunities offered and the needs of individual students, and we must add, the resourcefulness of the teacher. When nurses know that there are people who are primarily interested in making their experiences helpful they do not hesitate to seek guidance, and make opportunities to get the help they desire. This attitude, that of an interested friend, encourages learning and the results will depend upon the teacher's ability to guide or to inspire to greater effort.

Too much thought cannot be given to the influence and example of those in charge. In thinking of the educational content of a ward we cannot escape that intangible something that is the soul or spirit of the ward. Something that reflects the attitude of those in charge. Call it what you will—standard of values—point of view—whatever it is that gives it its particular personality. This will show in countless ways and the patients are the first to feel it. The way in which new patients are greeted when they arrive on a busy ward, the courtesy and consideration extended to friends, the attitude toward illness, and death, and the manner in which all the workers on the ward are controlled—all these reveal much more forcibly than the spoken word the outlook and the appreciation of what nursing includes in the minds of those responsible for directing education on the ward.

If a head nurse insists that all the routine morning care be somehow finished before rounds in a time when it is impossible to give even the minimum care prescribed, then the patients become, in the harassed minds of the students, just so many obstacles in beds that somehow interfere with the attainment of the all-important tidy ward. Yet, that same head nurse may later give a very fine talk on the nursing care of some patient. One wonders if the receptive mind of the student would not be more influenced by example than by precept.

Clinical ward experience should include the intelligent application of the theory of nursing. This presupposes a close co-operation between the classroom work and the ward experience. It would appear that this co-operative scheme could satisfactorily be met by having the theory and practice work in charge of the same teacher. This does not mean an attempt to teach all theory and supervise all practice; this is impossible, but an arrangement whereby experience on the ward is supplemented concurrently by classroom instruction seems a feasible one. The departments of a hospital might be divided into units, each with its own specialty: medical, surgical, ear, eye, nose and throat, gynaecology and obstetrics,—each with its own teaching supervisors.

A method has been introduced in our School along these lines. Medical nursing is taught to the comparatively small group of second-year or junior students who are having their three months of experience on medical wards. The medical supervisor who arranges classroom instruction is responsible also for the student's practical experience in various procedures and, together with the head nurse, nursing care of special medical conditions.

A very definite effort is made to confine as much as possible of the teaching of procedures, exclusive of those taught in the preliminary term, to the wards. The closest co-operation between head nurses, house staff and supervisor is absolutely imperative, as the success of this plan depends very definitely upon the ward administration and the willingness of the head nurse to share in this type of teaching for it is she who, in the last analysis, must provide the opportunity.

In order that such a plan for learning be carried on, it was necessary to make an analysis of the experience the different departments could provide. This is supplemented by group discussions at the bedside. We know that students, head nurses and supervisors, must work together in sharing the responsibility for making opportunities in providing individual instruction. Experience records have been planned and serve as a guide and a check in securing for each nurse the necessary practice or observation.

Aids to teaching and learning include the educational contribution made by many people such as doctors, dietitians and occupational and physiotherapy workers, as well as teaching material—like charts, X-ray, laboratory findings, procedure books and ward libraries. May I quote from the *Survey*:

> "The imparting of instruction is merely secondary and incidental to the larger purpose—that of making conditions as favorable as possible for the student to educate herself. Teachers can provide experience and remove obstacles from the educational pathway, but the student must learn through her own self-activity."

And how shall our measure of success be attained? We can, to some extent, evaluate results but often we can never know by what means we have been responsible for fostering and developing skills, ambitions and appreciations or for submerging them.

The tendency in all countries now is to examine ourselves as a profession and approach the whole problem by an attempt, at least, to be scientific. Thought and study are being devoted to what nursing includes. What is correct and adequate technique? And what methods have value? Nor is this at all a new idea. It was and is the hope of some of the leaders from whom we learn so much. Growth comes with science, skill and idealism—the basis of all our nursing.

HOW TO TEACH

E. NORA NAGLE, M.A., Reg. N.,
Assistant Director, the School of Nursing, Toronto University.

It is easy to realize what a difficulty actual teaching presents if there has not been previous teaching-training. But it need not be so. One beloved teacher has said that any method of teaching will be successful if the teacher is truly understanding and sincerely desirous of guiding learning of his students. I do believe this. The lack of this sincerity is often the reason why teaching is unsuccessful though there may be adequate knowledge and training in teaching technique. You must, from experience, realize how delicate is that *rapport* or sympathetic response between teacher and pupil; how important it is, and how unimportant most other things are when it is absent. I have put this first because I think it first—just training cannot produce it. Time cannot change its effectiveness. It is the hall-mark of a good teacher.

At one time, it was thought that

the result to be desired from teaching was knowledge; the knowing of facts and of things. Our examination systems today still show evidences of this philosophy. But within the last century or so there has grown up from many sources a real belief that any education, or, limiting that term, any teaching, should produce attitudes, habits of thinking and acting, or in other words, create in the student an ability to solve the problems of living and working more confidently. This belief makes us realize that the most desired outcome of teaching is ability to use or apply the materials of teaching in every day life, for things are truly learned only when they have been made a part of behaviour. This is the great social aim of education today. No examination can test it. Then, teaching must be *guiding* the learning activities of the pupils. The outcome of this guidance must be knowledge and skill; the habits of using these for oneself, and belief in both.

If you, as teachers, believe that your teaching is to accomplish these things, then the next step is a knowledge of how pupils learn. Reviewing briefly, we learn because throughout these wonderful bodies of ours, there is a mechanism which responds to anything which has to do with the outside world. We are told that that response is great or little—is temporary or permanent—according to how alert and ready, or how interested that mechanism of the body is.

In *guiding* learning or teaching the teacher must certainly take into consideration the readiness and interest of the student. She must attempt to create and maintain that readiness. Interest can be created and maintained by calling into use all the responsive mechanism, as recalling knowledges and experiences; by creating a problem of immediate interest to the student and by student participation in working it out. Quietness, passive attention does not mean interest nor insure learning. Eager questioning, discussion, objection, participation often does. May you learn how to utilize these forces wisely and economically!

Then, believing that teaching is *guiding* learning, and effective learning is dependent on interest, or readiness on the part of the student to learn, the next step is, what shall be taught? The general outline of the material of your teaching is to be found in the *Red Cross Manual*. However, there are a few principles to be recalled in planning the effective use of this material. The subject matter of any class should suit the needs and age of the students. It should be arranged in such sequence that the student can readily see and follow the growing and developing knowledge or skill. Each hour should leave a problem to think over for the morrow—or should, in some very definite way, have grown out of yesterday's teaching. Arrangement of the topics will vary with the different groups. No rule can the teacher follow in this regard. The trends of the student's interest, at present and in the possible future, should be one guide. No doubt you have already found the necessity for changed plans with each group of students.

Next then, comes the problem of how teaching shall be done. The methods used are the result of thinking on your part, for if you believe all that I have told you so briefly, you will see that the ways of directing learning will depend on your understanding these other factors, of the necessity for keeping pupils wanting to learn—keeping them responding to your guiding—and through repetition of responses, insuring learning. All of this requires careful planning of each day's work and each pupil's work.

No teacher, however simple the subject, should go into the classroom without a definite plan of how the hour will be carried through. The form of the plan does not matter—whether it be placed on a little card or a great many pages. Whatever its form, it should represent the teacher's own earlier thinking, thus leaving her free to work with the individual pupils during the class hour. In most cases such a plan should show the purpose of the teaching; the recalling of old knowledges on which today's teaching is to be based; the linking up of new problems, and the ways by which the teacher hopes to guide the understanding of the pupil. In all of this, constant student participation must be planned for. True teaching is never verbal telling. The plan should end with a summary of the general truths, from the memory or understanding of which the student can gain help and assistance in need and from which the work of the next class can be thought out. It is hard to say which part of any plan is most important; the introduction, the problem, the organization of already learned material; the solution of the problem; the skill; or the summing-up. All are important, as they are parts of the whole, and as the teacher's guidance creates habits of thinking and response in her pupils.

A bit of practical advice is given with the hope it may help you too. Keep each lesson plan. At the close of the class period, judge it as to time, content and method. Mark it with suggested changes in organization or content. Note any good student questions or difficulties encountered. Note contributions the students have made. File the plan for later use. It will be a very great help to you in understanding future difficulties; in making out examination questions or in planning the next group of classes.

Psychologists tell us that the response to be learned may be secured through many senses—hearing, feeling, doing, thinking and telling—all necessary repetition for learning, but they must be planned for, if time is a consideration. Methods of teaching will take into consideration all these possibilities. I would use as an example the demonstration of nursing which must come into all your teaching. Make each act as perfect as possible, in manner, as well as in deed. Even if it is only a doll-baby, place it very gently—speak to it gently—speak quietly when it has gone asleep. You will have learned, as many of us have, the art of acting. The actor's success depends on how sincerely his part is played. In just the same way the very earnestness of your effort is reflected in the activities of the students which must surely follow.

Any experience, if well utilized, is helpful. To use appropriately the things you or the students have read in newspapers—seen or heard—adds to the vividness of impression. But keep well before you the purpose of using these interesting bits. Make them serve that purpose. Base criticisms or corrections on principles or reasoning. Avoid this sort of thing: *Is that the way I showed you?* The emphasis in such a statement is on imitation rather than on the reason for the act, which is the purpose of teaching it. Above all, believe in the need for and the substance of your teaching; that your teaching will help the student along the way to wiser facing of situations for herself.

Department of Public Health Nursing

CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

RURAL NURSING

RUBY E. HAMILTON, Reg. N.,
Superintendent, Ontario Junior Red Cross Society, Toronto.

It is possible to speak only in general terms of rural nursing as it is organized in Canada, as each of the nine provinces is a law unto itself in matters of health and the expenditure necessary to meet them. It is quite obvious that in a new country like Canada, with its vast rural areas sparsely settled, the diversity of problems presents a vivid picture of the urgent need of a well and carefully organized rural nursing service. The most significant step that Canada has taken to improve the nursing situation in general is the publication of the recent *Survey* of Nursing Education in Canada.

There are hopeful signs that the need for a rural nursing service is being recognized by Departments of Health and voluntary organizations, and attempts are being made to meet it. It is a colossal task that will require the combined efforts of the professional and lay groups, and it would be a fallacy to intimate that the people living in rural areas in Canada have anything that approaches an adequate nursing service, except in a few isolated instances. That there is a desire to correlate and standardize the work that is already under way is evidenced by the fact that, twice yearly, the Dominion Council of Health, composed of the Deputy Minister of Health and the Chief Executive officer of each Provincial Department as well as five representatives, meets in the capital to discuss public health problems. Provincial representatives also meet at the annual meeting of the Canadian Public Health Association, when provincial health schemes are outlined and all matters relating to public health are discussed.

The economic situation which has prevailed for the past four years has had a marked effect upon the health programme of the different provinces. Health budgets have been reduced in the official departments, and voluntary organizations have found it more and more difficult to raise funds to carry on their work. For this reason the work has not progressed as it would have done in normal times.

Every province in Canada has a Department of Health, with a Minister of Health in charge. As a result of the activities of these Departments health legislation has been passed, and considerable progress has been made in hygiene and public health, as it affects general sanitation and the health of the infant, the school age child and the young mother.

Six of the Provincial Health Departments have a Public Health Nursing Division, or Bureau, with a director of nurses attached. All activities of the nursing staff come under the administrative control of the Minister of Health, but nursing

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An address delivered at the International Congress of Nurses, Paris and Brussels, July, 1933.

procedure and supervision are the responsibility of the nurse in charge. In each province the public health nursing programme is carried out in a slightly different way, but with a limited staff and a very extensive area to cover, only public health nursing of an educational and supervisory nature can be attempted. Frequently demonstrations of public health nursing and health surveys are made in given areas, and following these demonstrations local municipal nurses are appointed. In some provinces an annual grant is given to municipalities to assist in meeting the expenses incurred by the appointment of local public health nurses. All local public health nursing, such as school medical inspection, comes under the supervision of the provincial government staff with the exception of city departments of health. Practically all public health nurses engaged in school nursing advocate the practice of health rules and recognize the Junior Red Cross as the means of motivation.

Five of the provinces have organized county health units. This development is a forward step in bringing about the integration and correlation of all health and social services. The organization of county health units in Canada is modelled after those in England, except that the area served is larger, the population more scattered, and transportation usually more difficult. The nursing programme in the county health unit is a generalized service which may or may not include bedside nursing. To include this latter service a larger staff is required; for financial reasons this must, during present conditions, be omitted.

The Province of Quebec is the only province that has developed this branch of public health to any great extent. At the present time it has twenty-five county health units functioning. With an average of two public health nurses to a county the programme must be arranged so that they may give the greatest service to the majority of the people within the district. The nurse at all times works under the direction of the medical officer of health, and her duties include the supervision of infant and preschool welfare, routine inspection of school children, pre-natal visiting, communicable disease visiting, attendance at pre-natal, child welfare, dental and toxoid clinics.

It has been stated that the particular value of the nurse to her community lies in her ability to impart health education to individuals so that they can adopt a more healthful way of living. In order to carry out her duties she must be a woman of intelligence, imagination and sympathy, with unlimited courage and confidence in her ability to help the people. In the *Survey* Dr. Weir says:

> The success of the public health nurse, especially in outlying rural communities and in centres where struggling doctors are sometimes fearful of their fees, requires tact and sanity of judgment as well as sound training. Nurses whose background has been chiefly urban ordinarily need a new orientation for work in rural communities.

In his recommendations Dr. Weir suggests that all regular public health nurses should be required to take approved refresher courses for a period of at least one month every four years.

One cannot refer to rural nursing in Canada without mentioning the two great national voluntary organizations that have played such a large part in educating the public to the need for a health service: the Victorian Order of Nurses for Canada, and the Canadian Red Cross Society.

The Victorian Order of Nurses was the pioneer voluntary health agency to engage in district nursing throughout the Dominion. It was founded in 1897. Thirty years ago, when Northern Ontario and the western provinces were being opened up for settlers, the Victorian Order of Nurses organized small hospitals in order to provide hospital care for the new settlers, and as the population increased, these hospitals were taken over by municipalities. According to Miss Smellie, Chief Superintendent, the primary function of the Victorian Order of Nurses today is bedside nursing and health teaching in the homes, with the development of whatever health work presents the greatest need in that individual centre. The work functions under a local committee of representative lay people, which is affiliated with the national organization. Generally speaking, at the present time the Victorian Order of Nurses extends its service to urban centres chiefly.

The Canadian Red Cross Society, on the other hand, has developed a nursing service only in the isolated frontier districts and has made a very definite contribution to rural nursing since the development of the peace time programme in 1920. In seven provinces, Red Cross outpost hospitals have been established on the frontiers in which public health nurses have been placed in order to provide a nursing and hospital service for the residents of the district. These nurses in isolated areas include bedside nursing in their public health work. In Ontario, a railway coach has been loaned by the railway company, and fitted up as an emergency outpost which can be moved to isolated sections and left for a period of months while a public health nurse makes a health survey of this district. If necessary a permanent outpost can be established later. Classes in home nursing are organized for the women in order that they may receive some instruction in hygiene and the simple nursing procedure required in cases of minor illness in the home.

In Canada we are fully aware that we have not the faintest semblance of an adequate rural nursing service. The revelations of the *Survey* have disclosed the fact that sixty per cent of the people in Canada needing nursing care do not have the services of a trained nurse. The *Survey* also reveals the fact that two-thirds of the nursing service of Canada is confined to twenty-five cities that make up one-third of the population. The situation, therefore, for rural communities is very dismal indeed. However, the *Survey* points out a scheme whereby an adequate nursing service might be made available to the whole of Canada, even to the most remote rural districts. This could be done only through a compulsory health insurance within definite income limits.

Today we are fully aware that the protection of the public health is fundamentally a governmental problem and responsibility, but it is a problem that requires for its solution not only official action, but also the intelligent and active cooperation of the individual citizen. I have no doubt that we all agree that unless the relationship with the people of the community in which we are working is of the right nature, we cannot hope to realize the success we would desire.

Owing to the educational work that has been done during the past fifteen or twenty years, a public conscience, where health is concerned, is being aroused. Because the public are aware of existing conditions and have acquired an appreciation of local situations, they have a perfect right to demand a share in the responsibility of the public health. In order to develop and secure this community responsibility, where rural nursing is contemplated, it is necessary that committees be formed of responsible and representative citizens in-

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terested in the work that is being planned. In voluntary organizations the work would at once cease were it not for the loyal support and interest manifested by the committees. In government departments, where the directors are official appointees and are responsible for the members of their staff to their government, committees may serve in the capacity of advisers and counsellors.

If there is any branch of nursing where committees are of extreme value, it is in the planning of a rural nursing programme, which, if it is to be successful, must be established on a sound and permanent basis. The firmness of this foundation and the permanence of the programme depends, to a large extent, upon the thoroughness with which the general public contributes in service to the efficiency of the work. People are so constituted that their interest lasts only as long as they are making a direct and personal contribution. The careful selection of committees is one of the most effective ways of securing and maintaining the support of the community. A rural nursing programme benefits greatly by the counsel of a special advisory nursing committee of well known experts, to which the director of nurses can turn for advice at all times.

Miss Harriet Ash Retires

F. V. KENNEDY, Reg. N., Calgary.

It does not fall to the lot of many of us to be given, while we can still appreciate it, the hearty public recognition accorded to Miss Harriet Ash, retiring supervisor of the Victorian Order of Nurses in Calgary.

Born near Brantford, Ontario, Miss Ash was the youngest of nine children and early gave evidence of her organizing ability. She was engaged in several lines of work before she finally entered the School of Nursing of King's County Hospital, New York. Graduating from that school in 1903, she did private nursing for ten years and later joined the Victorian Order of Nurses, taking her training in the Toronto branch of the Order. She then spent two years doing district work in London, Ontario, and in 1916 was sent to Calgary, where her organizing and executive ability found full scope. Today, resigning as she always wished to do, when her work is at the peak, she leaves as a result of her devotion to duty, a splendid organization with a fine record of work accomplished with a future bright before it and an assured place in the hearts of the people of Calgary, for it is not an exaggeration to say that the Calgary branch of the Victorian Order of Nurses holds a unique place in the philanthropic work of the Dominion. As well as being a fine organizer, Miss Ash is fortunate enough to be intensely human and sympathetic, one evidence being her love for old and chronic cases. The long, drawn-out, tedious and often hopeless case was her special care, and her tact and kindly humour helped many over difficult spots and made her always welcome where a less deft touch would have been resented.

Miss Ash returns to the East full of plans for the future. As she herself says: *My seventeen years in Calgary have not been a great financial success but I have a fortune in happiness from which I shall draw continually. Every day has been worthwhile and I am rich in gratitude. There is no more satisfying work than that of the Victorian Order of Nurses-teaching, and at the same time making patients comfortable.* Surely this is a wonderful spirit in which to retire after a task has been well done and it heartens us to know that earnest, faithful work still brings its own reward.

Department of Private Duty Nursing

Convener of Publications: Miss Jean Davidson, Paris, Ont.

THE CRISIS IN PRIVATE NURSING

GRACE ROWAN, Reg. N., Fredericton, N.B.

Looking back to the dawn of history, we find records telling of the fine service of those who made it their life work to care for the sick. Perhaps you can recall this description of a nurse: *One skilled in every kind of service that a patient may require, endowed with cleverness, competent to cook food, skilled in bathing the patient, conversant with rubbing or massaging the limbs, patient in waiting upon one who is ailing, never unwilling to do anything that is ordered.* This sounds quiet modern, but it was written in India, more than five hundred years before Christ was born.

Today we are working in a troubled and difficult world. Our old ideas, our old confidences, our old sense of security, have been badly shaken by the swiftly moving events of the last few years. Every year in this country, nurses are being graduated into an already overcrowded profession. But the trouble does not lie in the fact that we have, even in prosperous times, too many student nurses, too many training schools and too much unemployment. The real crux of the situation is that the incentive to train nurses rests, not upon the educational demands nor upon public needs, but upon the demand of hospitals for the nursing and maid service which they get from student nurses.

Tragic unemployment among private duty nurses has sent many of those who are so fortunate as to have families, back to their homes. Others are finding occupation outside their profession, for it is said that nurses and actresses show more adaptability in finding occupation than other women. Many have found temporary employment through various agencies and some have had to appeal to social agencies for help.

Competition with practical nurses is a difficulty which must be faced. A great deal of home nursing, in larger cities especially, is done by practical nurses. Why? Partly because doctors and patients believe that they more readily adapt themselves to family situations than do graduate nurses. In a few instances, such as the care of chronic cases, perhaps a practical nurse would suffice, but we believe that the competition of practical nurses will only be checked when graduate nurses demonstrate superior skill, and equal or greater adaptability in hours, rates, and personality to family situations. Nurses everywhere are demonstrating a new flexibility in planning, but doctors have to be shown, over and over again, that their nursing needs can be met by competent graduate nurses.

Private duty nurses are not suffering and struggling alone. Problems of unemployment are the concern of the whole profession, and the whole profession should be mobilized to find the solution. No group of nurses is immune and none ought to be indifferent to the common problem. Heads of hospitals and public health nursing services are doing their utmost, against terrific odds of deficits and decreased budgets, to employ more graduates. Some hospitals are taking in fewer students. Others have discontinued their training schools and are staffing the entire hospital with graduates. Others are helping the private duty situation by introducing an eight-hour system, and this is successfully done to the satisfaction of both patient and nurse. More patients employ nurses for this shorter day as it means a dollar less in the charge to the patient.

Much, however, remains to be done. Measures which should be energetically pushed may be summarized as follows:

1. Close personal contact with influential citizens should be maintained so that those who shape public opinion may become interested and informed concerning nursing problems.
2. The local nursing organizations should be on the alert for opportunities to work with the public so that community leaders will learn to look to the nursing organizations for co-operation.
3. Full publicity should be given to the facts about over-production and the necessity for choosing new students with the utmost care. Once the confidence of the community is obtained, nurses should be in a position to wage a campaign against over-production.

How much can be done by way of expanding the field of nursing service? So much has already been done that we marvel at the accomplishment; yet all that has gone before, has only opened up new fields and raised new problems for the future, some of which are:

1. What can be done about rural nursing?
2. How can better pre-natal and maternity care be given every mother?
3. What can nurses do to lessen the malnutrition due to ignorance and poverty?
4. What of the almost untouched field of mental hygiene?
5. How can visiting nursing make its way into the prisons of our country, where it could be so unspeakably helpful?
6. What are we doing towards the preparation of well-equipped instructors and administrators?
7. Have we fully explored the possibilities of the nursing field in tuberculosis?

If we are to rise to the measure of these opportunities we must have women who, when they complete their course in nursing schools, will go right on studying, so that they will be better equipped and better educated nurses than the average. Intelligence cannot be employed in an emergency unless it is used daily. We should cultivate an appreciation of the value of reading. Bacon wrote: *Reading maketh a full man.* So you see that although we have completed three years of study, how necessary it is to continue that study and to keep up our reading.

We have spoken of educational requirements and the value of further education and reading. We have mentioned new fields in nursing service, we have touched on over-production and the different methods of relief carried on by some hospitals. We have included the practical nurse in our discussion and now I would like to make a few practical suggestions to those who enter the private duty field.

Nurses doing private duty should make themselves expert in some particular field. Post-graduate training is best, of course, but there are many special accomplishments that the nurse can develop out of school. For example, if you nurse children, practice telling children's stories until you do it well. Have a store of quiet games to be played in bed; study forms of simple dramatics so that little plays can be worked out in the twilight, or during restless hours of the night. Learn something of occupational therapy. Children love to work with their hands. For obstetrical cases learn short cuts in baby care; know about time schedules; study best authorities on supplementary diets. If you are nursing men, learn bridge and card games that two can play; watch stock quotations and be prepared to discuss them. All these things will keep your patient interested.

Above all, do not go into the home of a patient with a superiority complex. A patient wants a nurse who is really sorry to find her sick; who can guide without seeming bossy; who is charming, tactful, kindly and big-hearted enough to understand the delicate unbalance of a household where illness enters; one who carries this spirit into the kitchen and does not stir up strife in that quarter.

There is no lone hand in the game
we play
We must work to a bigger
scheme.
And the thing that counts in the
world today
Is . . . How do you work with the
team?

Book Reviews

ESSENTIALS OF CHEMISTRY: A textbook for nurses with laboratory manual, by Gretchen O. Luros, B.A., Department of Nursing Education, Cass Technical High School, Detroit, Mich. Second edition. Rewritten, reillustrated and reset. 417 pages. Twenty illustrations. Price $3.00. Published by J. B. Lippincott Company. Canadian Office: 525 Confederation Life Building, Montreal.

In the preface to the second edition of this book the author states her purpose in writing it: *to present the fundamentals of chemistry in as simple a manner as possible without sacrificing any of the actual science itself.* In view of the nature of this science it can hardly be expected that this objective will be fully attained. Nevertheless effort has been made to present an admittedly difficult subject as clearly and simply as possible.

At the beginning of each chapter topics to be studied have been enumerated to give the student nurse a bird's-eye view of the contents of that chapter. This is followed by introductory remarks, which link the new material to be studied with that which has been presented. A summary also has been included at the end of each chapter to round out and thoroughly fix the salient points of the discussion in the minds of the students. The author has incorporated more and newer applications of chemical facts in nursing procedure. In the chapter on proteins the new role which gastric digestion of proteins plays in the maturing of red corpuscles and, consequently, in pernicious anemia, has been brought out. The second part of the book takes the form of a laboratory manual in which directions are given for carrying out twenty-two experiments. An appendix gives information concerning the preparation of laboratory stock solutions and also contains a list of important symbols with their symbols, atomic weights and valences. There is a good index.

HANDBOOK OF HOSPITAL MANAGEMENT, by Matthew O. Foley; Editorial Director of Hospital Management; 116 pages with index. Price one dollar. Published by Matthew O. Foley, Downers Grove, Ill., U.S.A.

This handbook has been compiled from information derived from many sources, gathered and interpreted over a period of nearly fourteen years as editorial director of *Hospital Management*. The object of the handbook is to furnish brief, easily accessible answers to questions which frequently arise and whose answers can not be found unless an extended search of convention reports, association literature, publications, hospital constitutions and rules is made. In every instance a generally accepted answer or practice is set forth, and in many instances quotations from references covering the subject are included.

As any one knows who is at all familiar with the field of hospital administration, few standards or definitions are universally accepted, but there are many which are approved by associations, agencies, administrators and executives. It is the purpose of this compilation to bring many of these into one convenient booklet. It is hoped that this handbook will stimulate the acceptance of uniform definitions, and the more general use of certain methods so that a more accurate comparison of the work of different hospitals may be made. Another purpose is to present accepted principles of board, staff and departmental relationships, in order to minimize friction and misunderstanding.

The subject matter is conveniently arranged in question and answer form and the authority upon which the answers are based is usually cited. The book thus constitutes a valuable bibliography on hospital administration. *The Canadian Nurse* is included in the list of publications likely to be of interest to hospital administrators and personnel.

A Gem From Alberta

At a recent examination for registration held under the auspices of the Alberta Registered Nurses Association this question was put: *What is cretinism?* The reply was: *Cretinism is the term applied to a person who develops the habit of criticizing.* The *Journal* invites the other provinces to add similar jewels to its collection.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

To indulge in a brief review of the more outstanding of the Canadian Nurses Association's achievements for 1933 is in keeping with the closing month of the year. To a marked degree the Seventh Quadrennial Congress of the International Congress of Nurses focussed the attention of the membership, not only of the one hundred and fifty whose privilege it was to be in Paris and Brussels for the international gathering, but also for the many more who had to remain in Canada. Decisions reached by the I.C.N. affected all branches of the profession and of paramount importance and interest was that to proceed with the establishment of a Foundation which will become a memorial to Florence Nightingale from the nurses of the world. This project was brought to the attention of the provincial units of the C.N.A. early in the year and since the Congress there has been distributed from the National Office copies of the report of the I.C.N. Florence Nightingale Memorial Committee. Procedure with this undertaking is to follow the plan generally adopted by the C.N.A., namely, a national committee to which will be appointed a representative from each province who in turn will become responsible for the formation of a provincial committee.

Somewhat similar plans have been adhered to in the development of: (1) the Study of the Survey of Nursing Education in Canada; (2) a Proposed National Curriculum in Schools of Nursing in Canada; (3) the Membership Campaign. In reference to the latter, it is gratifying to report an increase of 1,075 members for the year. National membership is a total of that in the nine provincial registered nurses' associations. The present increase, a gain of twelve per cent., is attributed to the efficient work of the Membership Campaign Committee.

At intervals, letters of appreciation of the experience gained have been received from the four members of the C.N.A. who, during the year, were privileged to study professional interests in Great Britain. Itineraries for these members were made through the Exchange of Nurses Committee (C.N.A.) with the College of Nursing, London, England.

The C.N.A. has formulated objectives that are making heavy financial demands on the organization. It is gratifying to be able to report that there will be a favourable balance in the treasury for the end of the year.

On Remembrance Day in accordance with the annual custom, a floral tribute, in the name of the Canadian Nurses Association, was placed before the Canadian Nurses Memorial in the Hall of Fame, Parliament Buildings, Ottawa.

Throughout the year headquarters' staff has been keenly aware of the valiant way in which our nurses are helping themselves, and better still, helping one another, during the continued period of unemployment and uncertainty. These members are especially in mind with the approach of the Christmas season. To them and to the membership at large, headquarters' staff sends the season's sincerest greetings and the wish that the Spirit of Christmas may remain with each one during the New Year.

Letters to the Editor

In Memory of Miss Snively

Dear Miss Emory:

I wish to express to you, as President of the Canadian Nurses Association, the great sympathy I feel with you and with the nursing profession in the loss of your Honorary President, my great and kind friend, Miss Mary Agnes Snively.

Her devotion to the highest ideals of nursing and her affection for her own graduates and for all the members of the profession were great and lasting. Her good deeds are unnumbered and not one of them will be forgotten before God. She was a good and true woman. We shall not look upon her like again.

With great sympathy,

Your sincere friend,

HELEN MACMURCHY.

An American Tribute

I have just finished reading the November issue of *The Canadian Nurse,* and I am writing to ask if we may have two extra copies of it. My superintendent was an early graduate of your Toronto General Hospital and in my student days I learned to know of the work and the personality of your great Canadian leader. I should like to send a copy of the magazine to Miss Whittaker and to have the good photograph to add to our teaching material here.

IRENE R. ENGLISH,

Director of Nursing, Kahler Hospitals School of Nursing, Rochester, Minn.

A Word of Praise

I find *The Canadian Nurse* most helpful in my line (private duty) and was particularly interested in the article in the October issue, *Surgical nursing care in thyroid intoxication,* by A. B. Hunter. In fact, every month I look forward to receiving my copy knowing full well that there will be many items of current interest and something applicable besides.

Here's long life and good health to *The Canadian Nurse.*

HELEN PAGE, R.N.,
Toronto.

What Our Readers Like

I am enclosing a check for renewal of *The Canadian Nurse.* Each number seems better than the last. I particularly value Miss Wilson's *Notes from the National Office.*

MARGARET PRINGLE,
Marquette, Mich.

The British Nursing Scene

I loved St. Bartholomews with its eight hundred years of history, its traditions and its ancient buildings. The nursing in the wards seems to be very well done and the ward sister continues to do all the practical teaching of students. I did enjoy spending a little time in the Nightingale School—they too have a preliminary training school and a four-year course for student nurses. I am finding the London Hospital a most interesting and happy place, located almost at the end of Petticoat Lane and having quite a record for service to the Royal family. Queen Mary is president of the Hospital board and visits the hospital at regular intervals. I was surprised to find the work in five of the seven operating rooms being done by men. The ward sister, who brings her patient to the operating room, is the only nurse present. These men are taken from the ranks of the porters and are trained by the surgeons and appear to be quite skilful. There are five hundred students in the school, one hundred sisters, and a private duty staff of two hundred. I go next to the Royal East Sussex Hospital at Hastings, then return to London and do a round of a few L.C.C. and mental hospitals. At the end of November I go to Scotland and will leave for Canada in December.

I am enjoying my London; there is so much to see and to do. Womanlike, I love to linger in the shops and, while purchases are limited for prices are quite high, I find a lot of pleasure in looking at the beautiful things. The theatres are most attractive, as are the many beautiful parks and public buildings. And the people—the teeming millions of people. This is surely the melting pot of the nations. Never have I seen greater evidence of wealth and pleasure-seeking, and then one turns to the out-patients' department of a London hospital where poverty and misery come seeking relief from their distress—and life goes on and on. I am having a truly great experience for which I shall never cease to be grateful.

PRISCILLA CAMPBELL,
London, England.

Miss Campbell is the superintendent of the Public General Hospital, Chatham, Ontario, and is making a study of British nursing methods and education.—*Editor.*

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

Calgary: The regular monthly meeting of the Calgary Graduate Nurses Association was held on October 17 when two new applications for membership were accepted. Miss Hilda Paterson and Miss Audrey Dick are the new members. Because of the closing of the registry some changes in the by-laws were necessary and two motions, of which notice had been given at the previous meeting were proposed, discussed and finally carried. All members who are engaged in any branch of their profession are now to come under the head of active members and pay yearly dues of $2.00. Hereafter non-active members shall be nurses who are fully qualified for membership, *i.e.* registered nurses, but who are not actively practising their profession. Their yearly dues shall be $1.00.

The following nurses were appointed to the executive meeting to fill vacancies which had occurred since the election last year: Miss F. Reid, Miss A McKee, Miss D. Mott, Miss E. J. Husband. Miss A. McKee, the new supervisor of the V.O.N. in Calgary, consented to take Miss Ash's place as convener of the finance committee. It was decided to hold a bridge in November, possibly combined with a sale of work. The association heard from the treasurer, Miss Watt, that its obligations are gradually being met and the future looks promising. A committee was appointed to deal with the matter of approaching the Provincial Association regarding a possible closer association with that body. Following the business an interesting discussion took place on impressions of the recent convention.

Calgary: The Calgary private duty section of the A.A.R.N. begins its winter work on November 13 under the convenership of Miss Hilda Paterson, who was appointed at the annual meeting. It is hoped to continue the study of the Weir Report and several other projects of interest will be brought up for consideration. Miss Johns' address at the recent Convention and her round table with the private duty section left so many new ideas and so much new information concerning nursing conditions in general, both present and future, that material is abundant for consideration and discussion.

Calgary: The Alumnae Association of the Holy Cross Hospital School of Nursing went off the gold standard at the beginning of the year. Hoping to get a full attendance at all meetings of the association, all fees were cancelled for one year. By so doing, it was hoped to give every nurse a chance to take an active part and thus get in line for work when times become better.

A Hallowe'en tea proved successful on October 25 when more than one hundred and fifty called at the cosy reception room of the Nurses Home, which was prettily decorated with Hallowe'en favors, ferns and autumn flowers. An illuminated pumpkin, holding bronze chrysanthemums, complemented by tall, orange and black tapers, set in silver sconces, made an attractive table motif. Mrs. W. R. Cope, Miss M. Haslam and Miss J. E. Blake received the guests, while Mrs. A. T. Kloepfer invited the guests to the tea-room. Those sharing the honours at the tea table were Mrs. F. Galloway, Mrs. T. Clendon, Mrs. C. Galvin and Mrs. J. Fish. Those assisting in serving were Miss A. Dick, Mrs. H. Farthing, Miss L. Freeman, Miss T. Weatherhead, Miss I. Booth, Miss J. Dube, Miss R. Bond, Miss I. Hemmingway, and Miss R. Farewell. The convener was Mrs J. M. Delaney, and Miss M. E. Brown assisted as treasurer.

Lamont: The class of 1922 of Lamont Public Hospital enjoyed a re-union in August. The celebration lasted two days and included a visit to the hospital where the members were entertained by the Hospital Board, a picnic at Elk Island Park given by the Alumnae Association, a dinner with their Superintendents, and a tea at the home of Mrs. B. I. Love, the class president. The class chose the occasion of the furlough of Miss Ada Sandell, of Hamheung, Korea, for this happy event and members came from near and far. They are maintaining their organization which has continued since training school days and are finding it eminently worthwhile.

BRITISH COLUMBIA

Vancouver: The Autumn meeting of the Graduate Nurses Association of British Columbia, was held in the Auditorium of the Vancouver General Hospital, on October 7, with a very good attendance, several coming from outside the city. The morning was given up to sessions of the nursing education, public health and private duty sections, followed by a most interesting round table in which all sections joined. Council members were the guests of Miss Fairley at luncheon. The afternoon meeting consisted of reports of standing and special committees and general business. It was decided that the experiment of hourly appointment nursing service would not continue after the six months' trial, but it was hoped that the Victorian Order of Nurses would feel it wise to continue this service. A resolution expressive of the regret of the Association at the death of Miss Snively was passed, to be sent to the Alumnae Association of the Toronto General Hospital, as showing our sympathy with them. The chief feature of the afternoon session was an address given by Miss Johns which gave a gripping picture of nursing conditions of today, and of the changes and improvements which might lead toward the closer interlocking of the interests of every citizen in this problem of nursing care for all those needing our services. The banquet at the Hotel Georgia, with Miss Johns as guest speaker, brought many. Few of those present will soon forget the vivid description of what she called *A beautiful adventure*. Delightful vocal selections were given by Miss Margaret Kerr. Those attending the afternoon session were entertained at tea by the Vancouver General Hospital.

Vancouver: At the recent examination for the title and certificate of Registered Nurse in British Columbia, held in various centres of the Province, the following is the result. A total of 124 wrote the examinations; 118 passed and 4 passed with supplementals to write; 1 passed a supplemental. The list of successful candidates follows, standing in order of merit:

First class: (80% and over)—M. B. Maffatt, Vancouver General Hospital; W. M. Sutherland, Vancouver General Hospital; J. A. Sisley, Kelowna General Hospital; A. E. Trayler, Vancouver General Hospital; (K. M. Clugston, L. Fine, equal), M. E. P. Ahier, I. C. Moffatt, K. Heaney, P. J. Deacon, H. G. McAuley, (M. B. Cather, F. E. Salmon, equal), A. S. Law, (B. E. P. Langley, M. E. Neily, equal), (M. F. Castell, F. E. Clayton, equal), (E. I. Tyner, E. R. Ketchum, equal), M. E. Burke, M. E. Riley, J. A. Fulton, (D. I. Hunt, O. E. Belecky, equal), L. K. Richmond, (E. R. Fierheller, J. A. Wilson, D. M. Solly, J. G. Black, equal), (E. S. Davis, M. C. Graham, D. H. Verley, equal), A. M. Guyan, (A. Reid, A. L. B. Haddon, equal), J. R. Castle.

Second class: (65% to 80%)—P. M. Freemantle, I. A. Watts, (E. F. K.Blank, M. I. Boyd, E. M. Malmsten, F. A. Sawyer, equal), M. V. Boles, (A. M. Hemmingsen, G. M. Hoskins, M. R. Gwyer, equal), M. M. Hickman, (M. A. Diebol, M. J. Nicoll, equal), C. H. Boyce, H. J. Dorgan, (M. A. Gazeley, A. E. MacDougall, equal), (S. L. Dodds, M. M. Storey, equal), V. G. Garrish, E. M. Toynbee, A. A. Barlow, D. E. B. Findlay, (M. E. Jenkinson, M. C. Carment, equal), M. V. Robinson, A. McKay, L. Christianson, (M. P. Pollock, B. D. Bolivar, equal), E. Maylor, A. Fry, E. Gibson, (R. A. Clyne, E. Hyslop, equal), (E. S. Vernon, M. H. L. Murphy, equal), E. J. Higgin, botham, F. E. Carlisle, equal), (C. F. Hayden. M. L. Watson, equal), (R. Rothnie, M. I-Fleming, equal), (J. E. Davison, E. A. Lawley, equal), (J. L. Murray, M. M. Nelson, equal), G. I. Badenoch, O. M. Clancy, (S. S. Urquhart, V. I. Jermyn, F. O. Igeland, equal), D. J. Spratt, M. P. Downing, D. M. Phelps, (J. S. Ostergard, C. M. L. McLeod, equal), (C. B. Liversage, F. M. Wilson, equal), (M. E. Fraser, M. E. Shelly, equal), (E. Gowan, M. A. Morrison, equal), V. E. Weller, Y. M. Reed, M. M. Caldwell, M. B. Watson, M. E. Paonessa, A. M. Warren, H. I. Turpel, H. E. Vanetta, (I. J. Cameron, L. A. Glanville, equal), L. Cokely.

Passed: (60% to 65%)—(M. Hitchen, A. M. Hyndman, D. M. Steele, equal), F. H. Fretz, M. McC. Bell, E. A. Elson, J. S. Dickson. C. A. Walker.

Passed with snpplementals to write:—W. E. Courtney, J. G. Gillespie, G. Lowe, F. B, Thompson.

MANITOBA

Brandon: On October 17 the student body of the School of Nursing of the Brandon General Hospital elected the following officers: President, Marjorie Jackson; Vice-President, Flora Ross; Secretary, Nellie Douglas; Glee Club Leader, Ada Brigham; Student Christian movement, Dorothy McCall. In the senior class Miss M. Matchett was named president; Sarah Haines, Vice-President; and Elsie Withers, Secretary. In the intermediate class Irene Conley was elected President; Marjorie Long, Vice-President; and Ina Maggison, Secretary. The officers for the junior class are: President, Ruth Coltart; Vice-President, Beatrice Termaine; and Edna Morrison, Secretary.

The first regular meeting of the organization was held and plans for the winter's work were outlined.

St. Boniface: Miss Starr has resumed her duties at the Nurses Central Directory after spending a holiday at Chicago, attending the World's Fair. Miss Marion Oliver, superintendent of the Indian Hospital, Norway House, visited in the East, and on her return, spent a short time in Winnipeg. Mrs. Stella Gordon Kerr has returned to Winnipeg, after spending the past three months in England and on the Continent. While abroad, Mrs. Kerr attended the International Congress. Miss Patricia Christopherson (S.B.H. 1929), a member of the staff at Teulon Hospital, was a visitor in the city recently. Rev. Sr. Meade, former superintendent of nurses, St. Boniface Hospital, was a visitor in St. Boniface, while attending the Catholic Hospital Association Convention. The St. Boniface Nurses' Alumnae Association held a successful bridge party on October 20.

Married: In September, at Winnipeg, Miss Ellen Farrell (S.B.H. 1928), to Dr. Emmett Dwyer.

NEW BRUNSWICK

Campbellton: The graduating exercises of the School of Nursing of the Hôtel Dieu Hospital, Campbellton, were held on October 11 in the auditorium of the High School. As they marched into the hall, loud applause greeted the graduates, whose smart uniforms formed a striking background for their beautiful bouquets of American Beauty roses. Dr. Charles E. Dumont presided and, speaking both in English and French, stressed the fact that doctors and nurses are not the only channels of healing but that there is much more than the average patient realizes by way of equipment and human service at work in his behalf in a modern hospital. Mayor P. W. Caldwell graciously extended felicitations to the happy graduates, after which the formal address to the graduating class was given by Reverend F. M. Lanteigne, V.F.P.P., who exhorted the nurses to be true to the highest ideals of their profession and impressed upon them the need of their being women of strong Christian character if they would be true to their high calling. The chairman presented the diplomas to the following graduates: Ella M. Young, Bathurst; Marie Michaud, Grand Falls; Yvonne M. Hendry, Chatham; Bertha M. Burgess, Grand Falls; Frances M. Murray, Cross Point; Irma M. Gaudet, Moncton; Jessie E. Durant, Rexton; Albina M. Fournier, East Bathurst; Viola M. Elslegar, Jacquet River; Germaine M. Theriault, East Bathurst. The class pins were bestowed by Mrs. George Dumont and Mrs. Chipman Kean. The first prize for general proficiency in studies was won by Miss Viola Elslegar, the second by Miss Marie Michaud. Dr. A. M. Sormany of Edmundston spoke of the progress that is taking place in the art of healing and surgical skill, and of the high place the hospital has amongst the institutions that conserve human life. In offering congratulations on behalf of the advisory board, Mr. Wm. Walsh, the vice-president, commented on the educational value of a hospital training course and on the wide opportunities offered the nurse for helpful service, wherever her lot may be cast. Two captivating solos by Mme. Adjutor Bernier and several harmonious orchestral selections gave much pleasure to the large audience. A reception for the friends of the graduates at the Nurses Residence brought the graduation day to a happy conclusion.

Moncton: Among those who attended the annual meeting of the N.B.A.R.N., held recently in St. Stephen, were Miss MacMaster, Miss MacLaren and Miss Scott from the Moncton Hospital, also Misses Kay, Bennett, Good, Johnson, and Scott. The first meeting of the local chapter since the summer vacation was held on September 11, with a splendid attendance. Plans were made for the usual Armistice dance. Misses Gunn and Good were appointed joint conveners. The student nurses of the Moncton Hospital, entertained at a delightful dance on October 30, when Miss MacMaster and Miss Wilson acted as chaperons. Mr. and Mrs. Rene Steeves of Sussex, are being congratulated on the arrival of twins on September 23. Mrs. Steeves was formerly Miss Clara Lauder and is a graduate of the Moncton Hospital. Miss Alice Newcomb, operating room supervisor, recently returned from a holiday spent with relatives in Saskatchewan. Miss Ella Sutherland has returned to Moncton, after having spent some months at her home in Nova Scotia. Miss Lena Jouch (Moncton Hospital, 1924), recently became the bride of Samuel Steeves of Sunny Brae. The many friends of Mrs. James Lutes (Shirley Wood) will regret to learn of her illness, and that she is forced to take a few months' rest. Miss Ida Scott is spending a few weeks at her home in Kings County, recuperating after a recent illness.

Saint John: The Saint John Chapter of the Registered Nurses Association of New Brunswick held its regular meeting at the Nurses Residence of the Saint John General Hospital on October 23, with the president Miss A. A. Burns, in the chair. There was a very large attendance. Reports from the registry committee and private duty section were received and an interesting business session followed. On Remembrance Day, our president, an overseas nurse, placed a wreath on the War Memorial. Miss Laura Pepper of the federal department of agriculture gave an excellent address on the value of dairy products.

A meeting of the private duty section of the Local Chapter was held at the Saint John General Hospital on October 15, with Miss Lillian Wilson in the chair. Matters of local interest were discussed and a social hour enjoyed.

A successful bridge party was held under the auspices of the Saint John General Hospital Alumnae Association in the Nurses Residence on November 3rd, with Miss Murdoch and Miss Wilson as general conveners. The guests were received by the president, Mrs. G. L. Dunlop, Miss Margaret Murdoch and Miss Rheta Wilson. The class of 1933 acted as servitors. The proceeds are to be used to furnish a solarium in the Nurses Residence.

The American College of Surgeons has announced the results of its annual survey and approval was given to fifteen hospitals in New Brunswick.

Miss Caroline Page was recently appointed to the staff of the Saint John General Hospital. Mr. and Mrs. Eisenach (Marie Kirkpatrick) and their twin daughters have moved to Montreal to reside. Mrs. Hilyard Steele entertained a number of friends at afternoon tea on October 26. Miss Mary Barnhill and Miss Edna Dickson entertained delightfully with a dinner bridge at the Beatty Hotel on October 25.

Married: On October 12, 1933, at Fredericton, Miss Ida Kimball (S.J.G.H.), to Mr. Kenneth B. Brown. Mr. and Mrs. Brown are residing in Oromocto, N.B.

Married: On September 25, 1933, at Union City, N.J., Miss Josephine Murphy (S.J.G.H. 1928), to Dr. Vincent Del Vecchio, of New York.

Saint John: The annual meeting of St. Joseph's Hospital Alumnae Association was held on October 2 at the hospital. The reports of the various committees were heard and the election of officers resulted as follows: President, Mrs. J. L. Mulalay; Vice-President, Miss Christina Jennings; Secretary, Miss Laura Morrissey; Treasurer, Miss Miriam Sullivan; Executive, Miss Margaret Nagle, Miss Eleanor Nash. The Alumnae Association is well satisfied with the progress made during the past year and is planning for renewed activity in 1934.

During the summer many of the nurses visited their homes in Saint John. Among those were Miss Margaret Higgins, Miss Anna Kane, Miss Helen Harris, and Miss Mary Walsh, all of New York City, and Miss Elsie O'Leary, of New Jersey.

Saint Stephen: At the annual meeting of the Saint Stephen Local Chapter officers were elected for the coming year. Reports read showed interest and activity among the members. A new committee, to be known as the "grievance committee", was appointed to deal with problems arising from nurses using the registry. The business meeting was followed by refreshments and cup-reading.

At the September meeting of the C.M.H. Alumnae the sum of $25.00 was voted towards local Red Cross work.

Miss Myrtle Dunbar has returned from Montreal, and Miss Brownrigg from Philadelphia, where they have been on professional duty.

We regret to note the serious illness of Miss Esther Morey (C.M.H.) who is a patient at the Fisher Memorial Hospital at Woodstock.

Married: On October 11, 1933, at Milltown, N.B., Miss Grace Mameree Mowatt (C.M.H. 1928), to Mr. Harold Everett MacDonald. They will reside in Saint Stephen.

ONTARIO

Districts 2 and 3

Brantford: The annual meeting of districts 2 and 3, Registered Nurses Association of Ontario, was held in Brantford on November 1. Nurses were present from Woodstock, Tillsonburg, Galt, Guelph, Kitchener, Stratford and Simcoe, with a total registration of over one hundred. Dr. R. L. Hutton brought greetings from the medical staff of the Brantford General Hospital. Reports of standing and special committees were received with marked interest. Miss M. Buck, President, R.N.A.O., spoke on membership: and Miss Matilda E. Fitzgerald, provincial secretary, gave a brief talk on enrolment of registered nurses for war or disaster. Miss Dora Arnold of Brantford presented a most interesting and instructive report of the meetings and social activities of the International Council of Nurses. High tea was served by the members of the Florence Nightingale Club and the Brantford General Hospital Alumnae Association. The election of the district officers for the year 1933-1934 resulted as follows: Chairman, Miss A. E. Bingeman, Freeport; Vice-Chariman, Miss H. L. Potts, Woodstock; Secretary-Treasurer, Miss E. M. Jones, Brantford; Nurse Education Section, Miss R. M. Hamilton, Stratford; Public Health, Miss E. Eby, Guelph; Private Duty, Miss M. Davison, Woodstock; Councillors, Brant: Miss K. Charnley; Oxford: Miss A. Cook; Huron: Miss M. McCorkendale; Wellington: Miss H. Dennis; Perth: Miss F. Kudoba; Waterloo: Miss E. Seely.

Brantford: The regular monthly meeting of the Alumnae Association of the Brantford General Hospital was held on November 7, when Dr. G. W. Harris gave a splendid address on his recent trip to the Congress of the American College of Surgeons and the Century of Progress Exposition. Refreshments were served and a social time spent.

Galt: On October 24, a very successful bridge was held at Galt General Hospital, by the Alumnae Association. The president of the association, Miss Mitchell, received the guests, assisted by Mrs. Carruthers, president of the Ladies' Hospital Aid, and Miss A. Cleaver, superintendent of the hospital. The proceeds were given to the Hospital Ladies' Aid.

Guelph: The senior class in the School of Nursing of the General Hospital had a delightful party during October. Miss Agnes Campbell attended the Ontario Association Convention held in Toronto.

The engagement of Miss Evelyn Howard is announced and her marriage to Mr. Robert Brydon will take place in November.

Married: On October 28, 1933, at Owen Sound, Ontario, Miss Rachel Hall Speers (G.G.H. 1919), to Mr. W. Fairweather, of the O.A.C. staff, Guelph, Ontario.

Stratford: Misses M. Gibb, M. Hodgins, F. Kudoba, C. Staples and E. Doupe were in attendance at the annual meeting of Districts 2 and 3, R.N.A.O. Miss Cryderman recently paid an official visit to the local branch of the V.O.N.

Woodstock: The Woodstock General Hospital was visited recently by Lady Bessborough. Miss Helen L. Potts, superintendent, greeted the distinguished visitor and the nurses formed a guard of honour. Members of the graduate staff were introduced to her Excellency by Miss Potts, following which a tour of the hospital was made under the direction of Miss Potts and Miss McFedran. Following the inspection, Lady Bessborough was entertained at a tea given by the Women's Auxiliary to the Hospital Trust. The living room presented a most attractive appearance with its decoration of purple and yellow chrysanthemums. Her Excellency's charming personality made the event most enjoyable as she chatted informally with the visitors.

A delightfully arranged tea was sponsored on October 11 by the Graduate Nurses Alumnae Association. Receiving the guests were Miss Mabel Costello, president of the Alumnae Association, and Miss Gladys Jefferson. The rooms were gay with flowers and the tea table was presided over by Mrs. Charles Sheddan and Mrs. Percy Johnston. Mrs. McDermott showed the guests to the tea room. Miss Hodgins was in charge of an attractive display of home baking, while Miss Eby and Miss Hobbs sold candy. Piano selections, given by Miss Calla Hall and Eugene Dake, were much enjoyed. The regular monthly meeting of the Alumnae Association was held on October 2, when Miss H. L. Potts gave a splendid talk on the permanent education fund. After the business meeting, refreshments were served under the convenership of Miss Hastings.

Several friends of Mrs. Ray Corman (Marion Laurie) surprised her with a miscellaneous shower prior to her marriage on September 30.

District 4

Hamilton: Miss M. Rosenblatt, graduate of 1933, entered the novitiate of St. Joseph's Convent on September 8, 1933.

Married: On October 20, 1933, in Hamilton, Miss Helen Robinson (St. Joseph's Hospital, 1929), to Mr. Harold Myers, both of Hamilton.

District 5

Toronto: The permanent education fund committee of District 5, R.N.A.O., held a successful bridge on October 14. Twenty useful prizes had been donated which were awarded on the "lucky number" system. A Kenwood blanket, also a donation, was raffled and cleared over thirty dollars. Donations from members not playing brought the total proceeds to $360.00.

Toronto: The annual meeting of the Community Health Association of Greater Toronto was held October 30, when the following officers were elected: President, Miss Laura Gamble; First Vice-President, Miss Mildred Mann; Second Vice-President, Miss Elvira Manning; Secretary, Miss Helen Keaney; Treasurer, Miss Muriel Winter; Councillors: Miss Irene Hedges, Mrs. Geo. W. Hanna, Miss Zada Keefer, Miss E. Regan, Miss Ruby Hamilton, Mrs. W. A. Suckling. Miss Charlotte Whitton, Executive Director of the Canadian Council of Child and Family Welfare gave a very thoughtful and interesting address.

Toronto: Hospital for Sick Children. Dr. and Mrs. H. E. Clutterbuck have returned from an extended trip to Ireland. Mrs. Gaseden Terry (Elizabeth Mitchell, 1912) of Tasmania, Australia, was a visitor in Toronto. Miss R. Sutcliffe has returned from Bermuda. Miss Dorothy Hollister (H.S.C. 1928) is night supervisor at the Soldiers' Memorial Hospital, Orillia. Miss Cordelia Hoeflin (H.S.C. 1928), has been appointed director of nursing at the Indiana State University Hospital. Miss Clara Morris (H.S.C. 1932), is with the Grenfell Mission at Herrington, Labrador.

Married: On September 6, in Port Perry, Amy Marie Beare (H.S.C. 1927), to Mr. Clarence McKinnon. Mr. and Mrs. McKinnon will reside in Detroit.

Married: In June, at Weston, Ontario, Versal Rountree (H.S.C. 1931), to Mr. Harold Gould. Mr. and Mrs. Gould are living in Toronto.

Married: On September 10, in Toronto, Dorothy Mitchell (H.S.C. 1929), to Mr. Alexander O'Hara. Mr. and Mrs. O'Hara will reside in Sioux Lookout.

Married: On October 11, in Toronto, Miss Florence M. Booth (H.S.C. 1927), to Dr. Harold E. Edwards. Dr. and Mrs. Edwards will reside in Toronto.

Toronto: St. John's Hospital. Mrs. Percy Roberts (Violet Downes, St. John's Hospital, 1929), is doing active work in the hospital she and her husband have founded in Abyssinia. Miss Mildred Johnston (St. John's Hospital, 1924), has left for England to take a course in preparation for missionary work in Africa.

Married: On August 18, Miss Helen Lakey (Wellesley Hospital, 1926), to Mr. Martin Dean. Mr. and Mrs. Dean will reside in Toronto.

Married: On August 19, Miss Hazel Craig (Wellesley Hospital, 1928), to Mr. Rogan. Mr. and Mrs. Rogan will reside in Toronto.

Married: In August, Miss Alice Reed (Wellesley Hospital), to Mr. MacKay, of Toronto.

Married: In October, Miss Helen Berryhill (Wellesley Hospital, 1931), to Mr. E. L. Rioc. of Hamilton.

District 6

Peterborough: The annual meeting of District 6 was held at the Nicholls Hospital, on October 24. Owing to unfortunate weather conditions, representation from the different sections was small. The election of officers for the coming year took place, the only change being the election of a new chairman and vice-chairman. The complete list follows: Chairman, Miss H. Anderson, Peterborough; Vice-Chairman, Miss F. Fitzgerald, Belleville; Secretary-Treasurer, Miss D. E. MacBrien, Peterborough; Private Duty Section, Miss M. Watson, Peterborough; Public Health, Miss M. MacKenzie, Lindsay; Nurse Education, Mrs. E. M. Leeson, Peterborough; Representative to *The Canadian Nurse*, Miss E. Walsh, Peterborough; Convener Membership Committee, Miss F. Fitzgerald, Belleville; Nominating Committee, Miss Collier, Belleville; Miss Black, Port Hope; Mrs. LaPlanta, Peterborough; Councillors; Miss Elliott, Port Hope; Miss Gaden, Picton; Miss Smythe, Bowmanville; Miss McIndoo, Belleville; Miss Morrison, Lindsay; Miss Price, Peterborough. At the conclusion of the business meeting, Dr. Dutton, District Medical Officer of Health, gave an instructive address on the nursing care of poliomyelitis. Tea was served by the social committee of Chapter C.

PETERBOROUGH: The Nicholls Hospital Alumnae Association raffled tickets for a hope chest, the sum of $200.00 being raised for the fund which serves a two-fold purpose of giving professional care to indigent patients and work to nurses.

MARRIED: On August 2, at Gore's Landing, Miss Gladys Wilson to Mr. John Hardill of Peterborough.

DISTRICT 7

BROCKVILLE: The regular meeting of District 7, R.N.A.O., was held on October 20. Miss Acton was in the chair and members were present from Perth, Smith Falls, Kingston and Brockville. Miss B. Edwards gave a most interesting talk on Victorian Order nursing, Miss Edwards, who is a graduate of Queens University and of the Kingston General Hospital, has completed post-graduate work at Varsity and is now with the Carleton Place branch of the Victorian Order. Dr. Fletcher, superintendent of the Eastern Hospital, spoke on the history of mental hospitals and stressed the importance of having training in psychiatric nursing. At the close of the meeting the visitors were entertained at tea.

BROCKVILLE: Miss Alice Shannette, superintendent of the Brockville General Hospital, is spending her holidays in Morrisburg. Miss Beatrice Hamilton, assistant superintendent, recently returned from a trip abroad.

MARRIED: On August 30, at Brockville, Miss Lillian Esther Bancroft to Mr. John Franklin Gemmell.

KINGSTON: The Alumnae Associations of the Kingston General and Hotel Dieu Hospitals held a bridge and dance in the nurses' residence of the Kingston General Hospital on November 2, in aid of the permanent education fund. The event was largely patronized and a goodly sum of money was realized. The many friends of Miss Bertha Willoughby are pleased to know that she has recovered from her recent illness and has returned to her home in Lyndhurst. Miss Willoughby is a graduate and a former superintendent of the training school of the Kingston General Hospital, and was matron of Number Seven (Queen's University) Canadian General Hospital in France during the great war. Miss Mabel Brian (K.G.H. 1933) has been appointed assistant supervisor of the Isolation Hospital, Kingston. Miss A. Baillie, superintendent of nurses, Kingston General Hospital and Miss Potter, dietitian, have returned from a motor trip to Chicago. Miss Munn, inspector of training schools, accompanied them as far as Sault Ste. Marie. Miss M. Gardiner, Miss E. Rutledge and Miss M. Bird (K.G.H. 1933) are doing post-graduate work in the Kingston General Hospital.

MARRIED: On October 16, Miss Beatrice Veronica Brady (Hotel Dieu Hospital, 1932), to Mr. Victor Nicholson. The Alumnae Association of the Hotel Dieu Hospital presented Miss Brady with a table lamp.

SMITHS FALLS: The Graduate Nurses Association of Smith Falls held their opening meeting on October 9, when new officers were elected. The second Monday in every month was decided on for the meetings, which will be held in the Nurses' Residence of the Chambers Memorial Hospital. Nineteen Smiths Falls nurses attended the annual meeting of District 7, which was held in Brockville.

SMITHS FALLS: On September 18, an Alumnae Association of the Smiths Falls Public Hospital Training School was organized at a meeting held in the nurses' residence. There was an attendance of twenty-nine enthusiastic graduates, who have taken as the objects of their Association the following: (1) to strengthen and co-operate with the hospital and training school. (2) for fraternal gathering. (3) to give material aid. The fees for the year took the form of a birthday offering, each graduate contributing one cent for each year of her age. From the ninety-one graduates, besides those in attendance, there were received a number of letters of greeting. The meetings will be held the first Monday of each month at 8 p.m. in the nurses' residence. Graduates were present from Detroit, Brockville, Lanark, Smiths Falls and the surrounding country. The election of officers resulted as follows: Hon. Presidents: Miss M. F. Bliss and Miss J. A. Osborne; President, Mrs. Gordon Marsh; Vice-President, Miss Carrie Morrison; Secretary-Treasurer, Miss Marion Eamer.

DISTRICT 8

OTTAWA: A general meeting of District 8, R.N.A.O., was held at the Ottawa General Hospital, Miss Dorothy Percy, Chairman of the District, presided. Satisfactory reports from the different sections were read. Miss Juliet Robert, night supervisor, Ottawa General Hospital, gave an interesting report on the International Council of Nurses. Dr. R. K. Paterson gave an instructive lecture on cancer and radiation treatment. At the close of the afternoon session the members were guests of the Reverend Sisters of the Grey Nuns to a charmingly arranged tea. Dr. J. H. Lapointe gave a most informative lecture on immunity, immunization and shock therapy at the evening session. We were also privileged to have with us Miss Edna Moore, chief public health nurse for the Province of Ontario, who gave a historical résume of public health nursing in Ontario and some recent developments in the health field in eastern Ontario. Miss Anna Kilduff gave an entertaining account of a tour through Great

Britain, Ireland and Europe following the International Council of Nurses. One hundred and sixty members were present.

Ottawa: Miss B. V. Hughes, who has been supervisor of the Soldiers' Ward at the Ottawa Civic Hospital since 1924, has resigned her position owing to ill-health, and is now residing at 572 Parkdale Ave., Ottawa. Miss Ella Rochon, supervisor in charge of the admitting department since the opening of the hospital in 1924, has resigned. Her marriage to Dr. Edward Besner of Maniwaki, Quebec, took place on October 2, 1933. Miss Hughes and Miss Rochon were guests of honour at a charmingly arranged supper party. Miss Hughes was presented with a cheque, and Miss Rochon with a silver tea service from the graduate nurses' staff association of the Ottawa Civic Hospital.

QUEBEC

Montreal: Miss Louise Shepherd (M.G.H. 1928) has returned to take up her duties as sister-in-charge of the children's ward. Miss Shepherd spent July and August at the Children's Hospital, Boston, in post-graduate work. Miss Ruth Stericker (M.G.H. 1913) is at present taking a post-graduate course at the Psychiatric Hospital, Toronto. Miss M. Copland (M.G.H. 1932) is also in Toronto at the Hospital for Sick Children taking a post-graduate course in paediatrics. Miss M. MacKay (M.G.H. 1929) has resigned from the anaesthetic staff of the Montreal General Hospital, and has taken the position of night supervisor in the out-patient department at the Central Division. Miss K. Yule (M.G.H. 1931) is replacing Miss MacKay on the anaesthetic staff. Miss L. Brand (Western Hospital, 1917) has just completed a post-graduate course in surgery and medicine. Miss Hilda Little (M.G.H. 1923), superintendent of the General Hospital, Grand Falls, Newfoundland, has been visiting her parents, the Rev. and Mrs. Little of Montreal.

Married: On August 5, at Montreal, Miss Viola McGibbon (M.G.H. 1927), to Dr. L. S. Burton. Dr. and Mrs. Burton will reside in Montreal.

Married: On September 25, at Vankleek Hill, Ontario, Miss Evelyn Jousse (M.G.H. 1931), to Mr. Thomas C. Walcot. Mr. and Mrs. Walcot will reside in Montreal.

Married: On September 22, at Eldon, P.E.I., Miss Margaret Gillies (M.G.H. 1927), to Dr. Charles Hammond Johnson. Dr. and Mrs. Johnson will reside in P.E.I.

Married: On September 16, at Montreal, Miss Marjorie MacBride (M.G.H. 1929), to Dr. Malcolm Fluhmann. Dr. and Mrs. Fluhmann will reside in Montreal.

Married: On September 30, at Molesworth, Ontario, Miss Elizabeth Y. Bateson (M.G.H. 1927), to Dr. Howard S. Mitchell. Dr. and Mrs. Mitchell will reside in Montreal.

Married: On September 26, at Westmount, Miss Helen Allworth (M.G.H. 1927), to Mr. Harold J. Pearson of St. Georges, Bermuda. Mr. and Mrs. Pearson will make their home in Bermuda.

Married: On October 4, at Montreal, Miss Delia Mignot (M.G.H. 1930), to Mr. Thomas F. Butler. Mr. and Mrs. Butler will reside in Montreal.

Married: In October, at Lacolle, Miss Dema M. Lathe (M.G.H. 1922), to Mr. Thomas Traver Van Vliet. Mr. and Mrs. Van Vliet will reside at Lacolle.

Quebec: The annual meeting of Jeffrey Hale's Hospital Alumnae Association took place on November 6, when the officers' reports were read and adopted. The Hon. President on behalf of the Alumnae Association, presented life memberships to Miss F. L. Imrie, R.N., and Miss H. A. Mackay, R.N., members of the first graduating class in 1904. Officers for the ensuing year were elected and are as follows: Honorary President, Mrs. Barrow; President, Miss D. Jackson; First Vice-President, Miss E. Fitzpatrick; Second Vice-President, Mrs. C. Young; Recording Secretary, Miss E. McCallum; Corresponding Secretary, Miss M. Fischer; Treasurer, Miss E. McHarg; Representative to *The Canadian Nurse*, Miss N. Martin; Representative to Private duty section, Miss G. Martin; Sick Visiting Committee: Mrs. Barrow and Mrs. Buttimore; Refreshment Committee: Mrs. Melling, Miss Weary, Miss Hansen, Miss McClintoch; Councillors: Miss Imrie, Mrs. Craig, Mrs. Jackson, Miss Mackay, Miss B. Adams.

The graduation exercises of the School of Nursing of Jeffrey Hale's Hospital took place in the nurses residence on October 24, when six nurses received pins and diplomas. Addresses were given by Dr. W. LeM. Carter and Col. Wm. Wood. During the course of the evening there was a delightful programme of entertainment, and refreshments were served in the lounge. Following this dancing was enjoyed.

OBITUARY

GUTHRIE—On October 13, 1933, Geraldine Guthrie, Reg.N., a graduate of the Ontario Hospital, Brockville, and post-graduate of the Toronto Western Hospital.

LITTLE—On August 17, 1933, at North Hatley, Mrs. R. Little (Ellen Kezar), a member of the class of 1928 of the School of Nursing, Jeffrey Hale's Hospital, Quebec.

WALBRIDGE—In Belleville, on June 15, 1933, Ella E. Lewis, a member of the class of 1905 of the School of Nursing of the Hospital for Sick Children, Toronto, wife of Frederick C. Walbridge, of Belleville, Ontario.

OVERSEAS NURSING SISTERS'
ASSOCIATION OF CANADA

Many Honourable Women

The *Ottawa Journal* in its issue of October 9, quotes, under the caption of Side Lights, the accompanying excerpt from the *Halifax Herald,* a publication which has, on several occasions, displayed a kindly interest in the *Journal*:

"Somewhere high up in the list of world's meanest thieves there should be room for the name of a Montreal burglar. The man, identity unknown, stole the war medals of an overseas nursing sister, Miss E. Frances Upton, R.N., whose home was broken into. But *The Canadian Nurse* relates Miss Upton got her medals back soon afterwards. A street sweeper found them in a shovelful of dirt scooped from a sewer. It requires something like that, now and then, to shame many of us into remembering the Nursing Sisters, their devoted service and the nobility of their sacrifice.

Now and not hereafter, while the breath is in our nostrils,
Now and not hereafter, ere the meaner years go by—
Let us now remember many honourable women,
Such as bade us turn again when we were like to die.

"And perhaps the mean thief is not so much worse than that other thief—Time—that clouds with forgetfulness the sacrifices of the Sisters—and what we owe them for their service and their suffering."

Ypres Revisited

From Brussels to Ypres is over one hundred kilos, hence an all-day trip by auto. Passing through Belgium one was impressed by the pastoral loveliness of the country which, in memory, was a land occupied by the armies of hostile nations. Green grass and waving trees, flower gardens around peaceful dwellings, made a great contrast to the scene of 1916-17, when Belgium was a desert waste filled with all the accoutrement of war.

Near Dixmude a few old trenches have been preserved, where rusted shells, barbed wire, old guns, and remains of tanks may be seen. Short visits were made to cemeteries at Hoodge crater, Poele Cappelle, Langemarck, Hill 60, Zormebeck, Dixmude and Passchendaele. Handsome memorials are erected in each cemetery and there is no difficulty in locating graves. The maple leaf on each Canadian headstone looks so familiar and so dear an emblem in a foreign land. The cemeteries are especially beautiful at Passchendaele where there are many cedar shrubs brought from Canada. In all of them there are lovely roses, making the cemetery look like a beautiful rose garden, rivalling in loveliness the royal rose gardens at the Palace of Laeken where the nurses attending the International Congress of Nurses had on the previous day been guests of the King and Queen of the Belgians.

The Menin Gate memorial at the entrance of Ypres is a wonderful and lasting tribute to the men who died and whose bodies were not found. On this immense structure there are over sixty thousand names. It reminds one of the ancient gates of Rome. The town of Ypres has not been entirely re-built. The handsome Cloth Hall, once the pride of Europe, is being re-built, and St. Martin's Cathedral, close by, has been restored and many evidences of its wreckage have been preserved. The old statues, books, altars, handsome paintings, mostly old, but there is too much brightness from the windows making one realize that the modern has replaced the old. However, the restoration of both buildings has been along the original lines.

Messines Ridge, Mont Blanc, Mont Noir, Kemmel and Mont de Chats were, on this occasion, visited from the opposite side to that from which the Nursing Sisters saw them when on duty at No. 2 and No. 3 Clearing Stations between Abile and Poperinge.

The Nursing Sisters were pleased to make this little pilgrimage to the cemeteries, in honour of those they had the privilege of nursing during the war, and in honour of all those who had rendered that greatest act of service: *To lay down their lives for their fellow-men.*

ELIZABETH REGAN,
St. Michael's Hospital, Toronto.

. . . OFF . . . DUTY . . .

For some reason . . . we cannot get uniforms . . . out of our head . . . backward . . . turn backward . . . O Time in thy flight . . . and all that sort of thing . . . you don't see uniforms changing . . . but they really do . . . look at those snapshots . . . taken ten years ago . . . if you don't believe us . . . perhaps it is . . . the way we used to . . . do our hair . . . those buns over the ears . . . those Eton bobs . . . worse still . . . the wind-blown variety . . . we still recall with horror . . . the first cap . . . we saw . . . precariously attached . . . to a newly-bobbed head . . . with adhesive plaster . . . of course the adhesive . . . was supplied by the hospital . . . entirely free of charge . . . it does come in handy . . . for a variety of purposes . . . mending raincoats . . . patching rubbers . . . and so on . . . but this adaptation . . . to hairdressing . . . was a new one to us . . . we wondered . . . how it was removed at night . . . probably with alcohol . . . or ether . . . supplied by the hospital . . . entirely free of charge . . . then the collars . . . the day we graduated . . . we took ours . . . and cut it into little pieces . . . with our bandage scissors . . . as a token of emancipation . . . from three years torture . . . inflicted by a high starched clerical collar . . . on a thick short neck . . . but later on . . . when we saw . . . the comfortable turn-down variety . . . worn décolleté . . . as at the Opera . . . we regretted the restraint . . . of other days . . . the buns over the ears . . . were pretty bad . . . but the influence of Greta Garbo . . . was even worse . . . we have seen coiffures . . . built on that model . . . surmounted by a cap . . . attached to three hairs . . . on the occipital region . . . the net result . . . was rather grisly . . . reminded us of a chicken . . . we once saw . . . after a big wind . . . in the Far West . . . she was moulting . . . and the wind carried away . . . almost all her feathers . . . except the tail . . . of course her eyes . . . did look larger . . . and more soulful . . . but somehow . . . the general effect . . . was not good . . . the little curls . . . clustering on the neck . . . can be over-done, too . . . even the devices . . . sold by Woolworth . . . do not always . . . prevent drakes' tails . . . unless of course . . . one wears a net . . . which is an abomination . . . except when cleaning a bath tub . . . at which time . . . it has its uses . . . snapshots in 1933 . . . reveal strange eyebrows . . . not noticeable . . . in the faded prints . . . of yester-year . . . where they appear . . . a trifle more luxuriant . . . and less supercilious . . . the pursuit of loveliness . . . cannot be checked . . . if it is necessary . . . to suffer . . . in order to be beautiful . . . we suffer . . . in fact once . . . we experimented . . . with a little homatropin . . . the trouble was . . . we produced . . . an uneven dilatation . . . of the pupils . . . and gave rise . . . to unjustified suspicions . . . that we were suffering . . . from brain tumour . . . still we did our best . . . Greta Garbo could do no more . . . "Ay tank Ay go home now" . . .

Official Directory

International Council of Nurses:

Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland

CANADIAN NURSES ASSOCIATION

Officers

President.................................Miss F. H. M. Emory, University of Toronto, Toronto, Ont.
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Second Vice-President........... Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary........................Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer..............Miss M. Murdoch, St. John General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held viz: (1) President Provincial Nurses Association; (2) Chairman Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

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Nova Scotia: (1) Miss Anne Slattery, Box 173, Windsor, (2) Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax; (3) Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; (4) Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

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Quebec: (1) Miss C. V. Barrett, Royal Victoria Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Marion Nash, 1246 Bishop Street, Montreal; (4) Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Montreal.

Saskatchewan: (1) Miss Edith Amas, City Hospital, Saskatoon; (2) Miss G. M. Watson, City Hospital, Saskatoon; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs., Regina; (4) Miss M. R. Chisholm, 805 7th Ave. N. Saskatoon.

CHAIRMEN NATIONAL SECTIONS

Nursing Education: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; Public Health: Miss M. Moag, 1246 Bishop St., Montreal; Private Duty: Miss Isabel MacIntosh, Queenscourt Apt., 75 Queen St. S., Hamilton.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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NURSING EDUCATION SECTION

Chairman: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; Vice-Chairman: Miss M. F. Gray, University of British Columbia, Vancouver; Secretary: Miss E. F. Upton, Suite 221, 1396 St. Catherine St. West, Montreal; Treasurer: Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa,

Councillors—**Alberta**: Miss J. Connal, General Hospital, Calgary. **British Columbia**: Miss L. Mitchell, Royal Jubilee Hospital, Victoria. **Manitoba**: Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg. **New Brunswick**: Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia**: Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax. **Ontario**: Miss S. M. Jamieson, Peel Memorial Hospital, Brampton. **Prince Edward Island**: Miss M. Lavers, Prince Co. Hospital, Summerside. **Quebec**: Miss Martha Batson, Montreal General Hospital, Montreal. **Saskatchewan**: Miss G. M. Watson, City Hospital, Saskatoon. Convener of Pubilcations: Miss M. M. Reid, Winnipeg General Hospital, Winnipeg.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munro, Royal Alexandra Hospital, Edmonton; First Vice-President, Mrs. de Satge, Holy Cross Hospital, Calgary; Second Vice-President, Miss S. Macdonald, General Hospital, Calgary; Secretary-Treasurer, Miss Kate S. Brighty, Administration Building, Edmonton; CHAIRMEN: *Nursing Education Section*, Miss J. Connal, General Hospital, Calgary; *Public Health Section*, Miss B. A. Emerson, 604 Civic Block, Edmonton; *Private Duty Section*, Miss J. C. Clow, 11138-82nd Ave., Edmonton.

BRITISH COLUMBIA

Graduate Nurses' Association of British Columbia

President, M. F. Gray, 1466 W. 14th Ave., Vancouver; First Vice-President, E. G. Breeze; Second Vice-President, G. Farley; Registrar, H. Randal, 516 Vancouver Block, Vancouver; Secretary, M. Kerr, 516 Vancouver Block, Vancouver; Conveners of Committees: Nursing Education, L. Mitchell, Royal Jubilee Hospital, Victoria; Public Health, M. Duffield, 175 Broadway East, Vancouver; Private Duty, Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria; Councillors, M. P. Campbell, M. Dutton, L. McAllister, K. Sanderson.

MANITOBA

Manitoba Ass'n of Registered Nurses

President, Miss Jean Houston, Ninette, Man.; 1st Vice-President, Miss M. Reid, Nurses Home, W.G.H. Winnipeg: 2nd Vice-President, Miss Christine McLeod, General Hospital, Brandon; 3rd Vice-President, Sister Krause, St. Boniface Hospital Board Members: Misses M. Lang, K. W. Ellis, C. Taylor, I. McDiarmid, M. Meehan, E. Shirley, E. Carruthers, K. McLearn, Sister Superior, Misericordia Hospital; Sister St. Albert, St. Joseph's Hospital; Miss J. Purvis, Portage la Prairie, General Hospital. Conveners of Sections: Nursing Education Section, Miss M. C. Macdonald, Central T. B. Clinic, 668 Bannatyne Ave., Winnipeg; Public Health Section, Miss A. Laporte, St. Norbert, Man.; Private Duty Section, Miss K. McCallum, 181 Enfield Crescent, Norwood, Man. Conveners of Committees: Legislative Committee, Miss C. Taylor; Directory Committee, Miss E. Carruthers; Social and Programme, Miss C. Billyard; Sick Visiting, Mrs. J. R. Hall; Treasurer and Registrar: Mrs. Stella Gordon Kerr, 753 Wolseley Ave., Winnipeg.

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ONTARIO

Registered Nurses Association of Ontario
(Incorporated 1925)

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District No. 8 Registered Nurses Association of Ontario

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Association of Registered Nurses of the Province of Quebec (Incorporated 1920)

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SASKATCHEWAN

Saskatchewan Registered Nurses Association

(Incorporated March, 1917)

President, Miss Edith Amos, City Hospital, Saskatoon; First Vice-President, Miss Ruby M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss Helen B. Smith, General Hospital, Regina; Councillors, Miss Jean McDonald, 1122 Rae St., Regina, Miss Elizabeth Smith, Normal School, Moose Jaw; Conveners of Standing Committees: Nursing Education, Miss Gertrude M. Watson, City Hospital, Saskatoon; Public Health, Mrs. E. M. Feeney, Department of Public Health, Regina; Private Duty, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; Legislation, Miss R. M. Simpson, Regina; Secretary-Treasurer and Registrar, Miss Margaret Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording and Acting Corresponding Secretary, Mrs. F. V. Kennedy, 1307 First St. W.; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss P. Chapman; Second Vice-President, Miss E. Fenwick; Recording Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Press and Corresponding Secretary, Miss Clow, 11138 Whyte Ave., Edmonton; Treasurer, Miss M. Staley, 9838-108th St., Edmonton; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Miss M. Hagerman: First Vice-President, Miss Gilchrist; Second Vice-President, Miss J. Jorgenson; Secretary, Miss May Reid, Nurses' Home; Treasurer, Miss F. Ireland, 1st St.; Medicine Hat; Committee Conveners: New Membership, Mrs. C. Wright; Flower, Mrs. M. Tobin; Private Duty Section, Mrs. Chas. Pickering; Correspondent, "*The Canadian Nurse*", Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Mrs. J. P. Gussin; First Vice-President, Miss M. Madden; Second Vice-President, Miss P. Gausner; Third Vice-President, Miss A. Houston; Secretary-Treasurer, Miss M. McLeod, Box 905, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss K. Sanderson, 1310 Jervis St., Vancouver; First Vice-President, Miss M. D. MacDermot, Preventorium, 2755-21st Ave. E., Vancouver; Second Vice-President, Miss J. Davidson; Secretary, Miss F. H. Walker, General Hospital, Vancouver; Treasurer, Miss L. G. Archibald, 536-12th Ave. W., Vancouver; Council, Misses G. M. Fairley, M. F. Gray, M. Duffield, J. Johnston, J. Kilburn; Conveners of Committees: Finance, Mrs. Farrington; Directory, Miss M. I. Teulon; Social, Miss M. I. Hall; Programme, Miss G. Archibald; Sick Visiting, Miss C. Cooper; Membership, Miss M. Mirfield; Local Council of Women, Misses M. F. Gray, M. Duffield; Press, Mrs. D. K. Simms.

Victoria Graduate Nurses Association

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ONTARIO

Graduate Nurses Alumnae, Welland

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QUEBEC

Graduate Nurses Association of the Eastern Townships

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MONTREAL

Montreal Graduate Nurses' Association

Honl President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop Street; First Vice-President, Miss Sara Matheson; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop Street; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

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Alumnae Associations

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A.A., Lamont Public Hospital

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BRITISH COLUMBIA

A.A. St. Paul's Hospital, Vancouver

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A.A., Vancouver General Hospital

Hon. President, Miss G. Fairley; President, Miss Mary McPhee; First Vice-President, Miss Lunan; Second Vice-President, Miss Erskine; Corresponding Secretary, Miss Melneczuk; Recording Secretary, Miss Collier; Treasurer, Miss Geary, 3176 West 2nd Ave.; Committee Conveners: Programme, Mrs. Gillies; Sewing, Mrs. Gordon; Sick Visiting, Miss Shaw; Membership, Miss H. Campbell; Mutual Benefit, Miss Maitland; Refreshments, Mrs. Blankenbach; Representatives: Local Press, Miss Cotsworth; V.G.N.A., Mrs. Wilson.

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss Jean Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss J. Grant: Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss J. Stewart; Treasurer, Miss C. Todd; Entertainment Committee, Miss I. Goward; Sick Nurse, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Edith Jarrett; Secretary, Miss Elsie Fraser, Children's Hospital, Winnipeg; Treasurer, Miss M. Hughes, 15 Mount Royal Apts., Winnipeg; Sick Visiting Committee, Miss M. Atkinson; Entertainment Committee, Mrs. Geo. Wilson.

A. A., St. Boniface Hospital, St. Boniface

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A.A., Winnipeg General Hospital

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